Introduction

This CSAP/NPN Substance Abuse Prevention Backgrounder provides States and communities with information on NPN, substance abuse prevention, and the resources CSAP and others offer. Some of the topics covered include:

- NPN history and activities
- Theoretic concepts in prevention
- Prevention leadership and collaboration at Federal and national levels, including detailed descriptions of CSAP and other major Federal agencies, their legislative mandates and resources.
- Data sources
- Funding and funding sources
- Glossary and acronyms
- Online prevention resources

For your convenience, the CSAP/NPN Substance Abuse Prevention Backgrounder is posted on *www.preventiondss.org*. Click on "Get Training & Support," and then click on "CSAP/NPN *Prevention Works!* Training Materials."

CSAP Center for Substance Abuse Prevention
Substance Abuse and Mental Health Services Administration

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Prevention WORKS!

"Fortunately, today we know more about what works in prevention and education, treatment, and law enforcement. We will put this knowledge to use. But above all, our efforts rest on an unwavering commitment to stop drug use. Acceptance of drug use is simply not an option for this administration.

"…the most effective way to reduce the supply of drugs in America is to reduce the demand for drugs in America. Therefore, this administration will focus unprecedented attention on the demand side of this problem. We recognize that the most important work to reduce drug use is done in America's living rooms and classrooms, in churches and synagogues and mosques, in the workplace, and in our neighborhoods."

President George W. Bush, May 10, 2001, announcing his selection for director of the Office of National Drug Control Policy (ONDCP)

"Our Federal investment has shown that substance abuse prevention is possible and that models of excellence are available. The Federal 'seal of approval' we award today is a message to communities that they should insist upon and work toward the same level of excellence in substance abuse prevention. As a Nation, we can settle for no less."

Tommy G. Thompson, Secretary, U.S. Department of Health and Human Services for the May 17, 2001, CSAP Exemplary Awards Ceremony

"Drug abuse, whether directly or indirectly, is now a major vector for the transmission of infectious diseases, including acquired immunodeficiency syndrome (AIDS), hepatitis B, hepatitis C, and tuberculosis. Increasing numbers of such cases are being reported among the partners of intravenous drug users. Most HIV-infected newborns have mothers who acquired this disease through their own drug use or sexual activity with a drug user. In addition, research is demonstrating that minority populations may face unique risks that must be addressed. The National Institutes of Health has developed a strategic plan for reducing and ultimately eliminating health disparities among minority groups, which currently suffer disproportionately from HIV and AIDS. Because drug abuse causes a complex set of health problems, we must continue addressing it through a variety of educational and other prevention efforts, early intervention, treatment, and research."

2001 Annual Report and the National Drug Control Strategy: An Overview, Annual Report on Implementing the National Drug Control Strategy

National Prevention Network (NPN)

The following section was provided by the National Prevention Network (NPN) members (*www.nasadad.org*, select National Prevention Network).

NPN is an association of alcohol, tobacco, and other drug prevention professionals. It is dedicated to comprehensive and effective services to reduce the incidence and prevalence of problems associated with alcohol, tobacco, and other drugs and to promote well being and health. Members of the Network are focused on optimizing State alcohol, tobacco, and other drug and other human service systems to enhance and support national, State, and local prevention services. NPN is a critical partner in development, dissemination, and implementation of prevention policy. NPN consists of State and territorial designees, appointed by their State or territory's Single State Agency (SSA) director or the designated State entity responsible for administering the SAMHSA Substance Abuse Block Grant. NPN is the prevention component of the National Association of State Alcohol and Drug Abuse Directors (NASADAD).

Milestones in NPN History

1973 The National Institute on Alcohol Abuse and Alcoholism (NIAAA) funds a position within each State Alcoholism Authority to plan and develop prevention services.

1980 The National Institute on Drug Abuse (NIDA) and NIAAA initiate the development of an organization of State Prevention Grant managers to provide a voice from States to the Federal Agencies.

1982 The National Prevention Network is created at the NASADAD Annual Meeting in Des Moines, IA.

1983 Initial steps are taken to organize and solidify the Network. A mission statement, goals, and a formal affiliation with NASADAD's Prevention Committee are established. NIDA's Prevention Branch agrees to fund additional meetings and informational linkages.

1984 The first NPN Conference is held in Denver, CO. NPN officially becomes part of NASADAD.

1986 NPN opens its membership by creating an Associate Membership. In 1990, NPN redefines the role of Associate Members to include former NPN State Designees and establishes a membership for organizations with similar prevention goals.

1987 NPN launches the Exemplary Prevention Program Project that recognizes excellence in prevention programs. This project has become a collaborative effort

with NASADAD and CSAP to recognize both model and promising prevention programs nationwide each year.

1988 NPN sponsors the first of its Annual Prevention Research Conferences in Kansas City, MO.

1989 A full-time staff position is created within NASADAD for a Director of Prevention.

2000 Abolition of the NASADAD Prevention Committee establishes NPN as the unified prevention voice of NASADAD and the NPN President becomes the Vice President for Prevention on the NASADAD Board of Directors.

Structure

Officers:
President
First Vice President
Vice President for External Affairs
Vice President for Internal Affairs
Immediate Past President
Secretary (elected from the Regional Representatives)
Treasurer (elected from the Regional Representatives)
Regional Representatives (Northeast, Southeast, Central, Southwest, and West: Reference the CAPT map of the regions on page 34)

Committees:
Executive (the officers and the appointed committee chairpersons)
Public Information and Media: serves as a conduit between partner organizations and individual States regarding public relations, information, media campaigns, and new prevention initiatives
Multicultural Affairs: serves as a forum for the transfer of technology related to culturally competent prevention efforts
Research and Evaluation: promotes and facilitates the prevention research and evaluation activities and reviews and disseminates state-of-the-art information on prevention research/evaluation findings and issues. It assists in planning the Annual Prevention Research Conference
Workforce Development: promotes the ongoing professional development of the NPN membership
Resource Development: identifies and procures resources to enable the NPN to carry out its mission
Participation on NASADAD's Public Policy Committee (President, First VP, and VP External Affairs)

Accomplishments of NPN

- Annual Prevention Research Conference: This annual national conference brings the latest research finding in prevention to a large and diverse audience of

prevention professionals. Also, it provides a forum where researchers, practitioners, and Federal Agency partners share and learn from one another.

- Exemplary Programs Project, now the Exemplary Substance Abuse Prevention Program Awards: This is an annual national nomination and selection process that identifies, recognizes, and publicizes exemplary prevention programs. NPN and NASADAD partner with CSAP and CADCA to provide the awards.
- Annual Meeting: A national conference is convened each June with NASADAD.
- National Communication Campaign: NPN collaborates with CSAP to create a nationwide communication campaign called "Making Prevention Work in Our State." This Backgrounder is one product of the ongoing work through the CSAP Prevention Education Branch and the NPN Public Information and Media Committee.

NPN Contact Information

National Prevention Network
808 17th Street NW., Suite 410
Washington, DC 20006
Telephone: (202) 293-0090
FAX: (202) 293-1250
www.nasadad.org (select National Prevention Network from the homepage)

Theoretical Concepts in Prevention

Definitions

Many States and organizations have their own definitions for substance abuse prevention. In the last decade, CSAP has used several definitions for "prevention." Here are two:

- A proactive process that empowers individuals and systems to meet the challenges of life events and transitions by creating and reinforcing conditions that promote healthy behaviors and lifestyles.

(Source: *www.preventiondss.org*)

- "Prevention is an active process of creating conditions and fostering personal attributes that promote the well-being of people." (Lofquist, 1989)

(Source: Foundations of Prevention: Core Knowledge and Practice, Module 2-4, c. 1998, Circle Solutions, Inc., and Macro International, Inc., in press 2001)

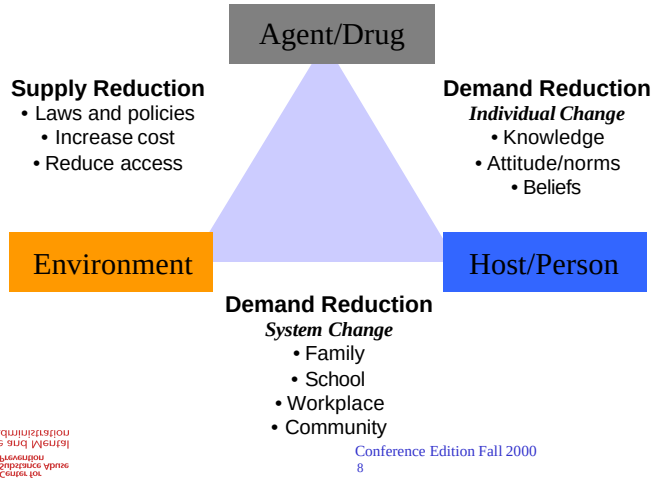
Theoretical Concepts in Prevention

A number of overall approaches to preventing substance abuse have been pursued over the past several decades. The 1960s were typified by what are now considered to be scare tactics. The following decade began with more attention to information dissemination and, later in the 1970s, affective education. Alternatives were promoted during the early 1980s and by the end of that decade, there was increasing emphasis on comprehensive prevention approaches. For the past decade or so, comprehensive approaches have become increasingly science-based and outcome-focused. This section offers a brief overview of some of the basic ideas still in use today.

The Public Health Model

A public health model, which uses the science of epidemiology, stresses that problems arise from interactions among the agent, the host, and the environment. In the case of alcohol, tobacco, and drug problems, the host is the individual user, the agent is the substance (tobacco, alcohol, or a legal or illegal drug), and the environment is the social, cultural, and physical context in which use occurs. To make a lasting difference, prevention efforts need to address all three components in this model.

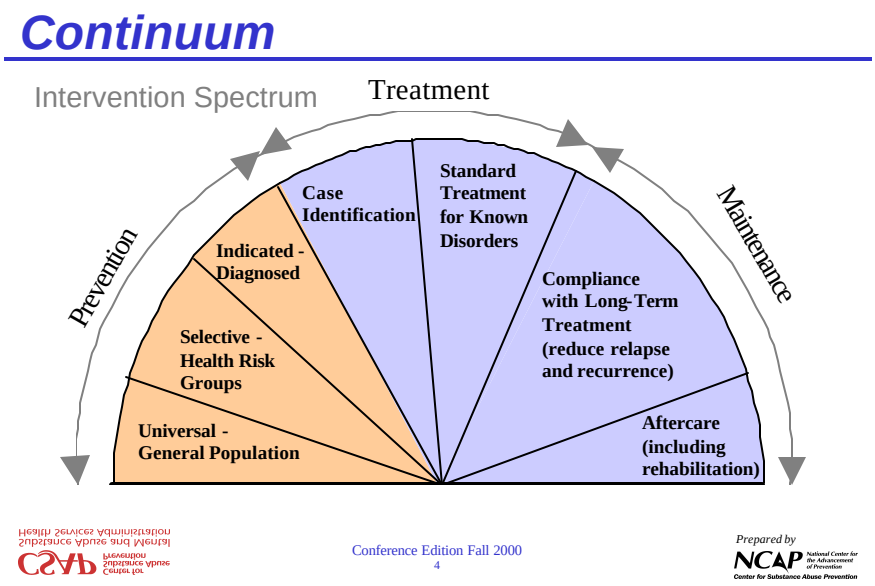
Public Health Triangle



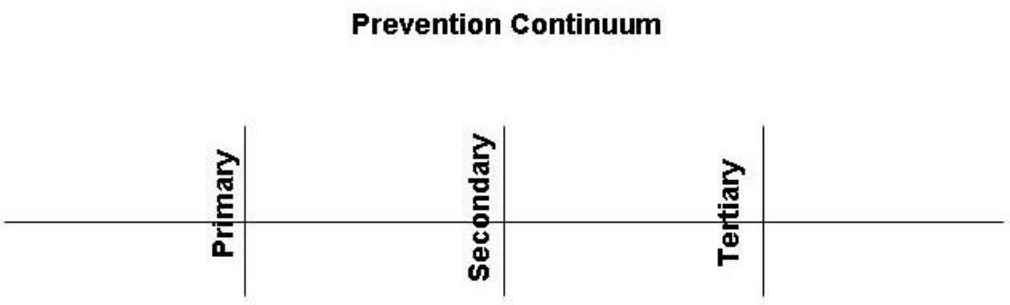
The Continuum of Prevention

The Mrazek and Haggerty model (often referred to as the IOM model) classifies prevention interventions according to their target populations (Gordon, 1987; Mrazek and Haggerty, 1994) to clarify differing objectives of various interventions and match them to the needs of the targeted populations (Kumpfer, et al., 1997). This model identifies three prevention categories, based on levels of risk:

- Universal programs reach the general population, such as all students in a school or all parents in a community.
- Selective programs target subsets of those at risk, such as children of substance abusers or those exhibiting problems at school.
- Indicated programs are for those already experimenting with ATD or showing signs of other risky behaviors.



An older way of looking at the Continuum is:



Primary Prevention

Primary prevention is the reduction or control of causative factors for a health problem and includes reducing risk factors, such as smoking to prevent lung cancer or sex education to reduce sexually transmitted diseases. This category also includes health-service interventions, such as drug education, parent-child discussions about substance abuse, and public education campaigns.

Secondary Prevention

Secondary prevention involves early detection and treatment, such as mammography for detecting breast cancer or contact tracing for detecting and treating persons with sexually transmitted diseases. Intervening in adolescent drinking, smoking, and drug use are common applications of "secondary prevention." Programs for DUI offenders not yet in need of addiction treatment are another.

Tertiary Prevention

Tertiary prevention involves providing appropriate supportive and rehabilitative services to minimize morbidity and maximize quality of life, such as substance abuse counseling programs and both inpatient and outpatient treatment. Aftercare, relapse prevention, recovery support, and programs for family members are all examples of tertiary prevention.

Rational choices can only be made based on valid and timely information on the efficacy, effectiveness, and cost of each prevention strategy. This information allows comparison of alternative approaches for an individual condition—e.g., the relative effects of seat belts, passive restraints, safer highways, or more efficient and available emergency medical services on reducing morbidity and mortality from motor-vehicle crashes. Sound data facilitate difficult choices among disparate conditions, such as physician-patient education and counseling to prevention alcohol-related birth defects or resiliency-building with children of substance abusing parents, and treatment programs for persons with repeated substance abuse problems.

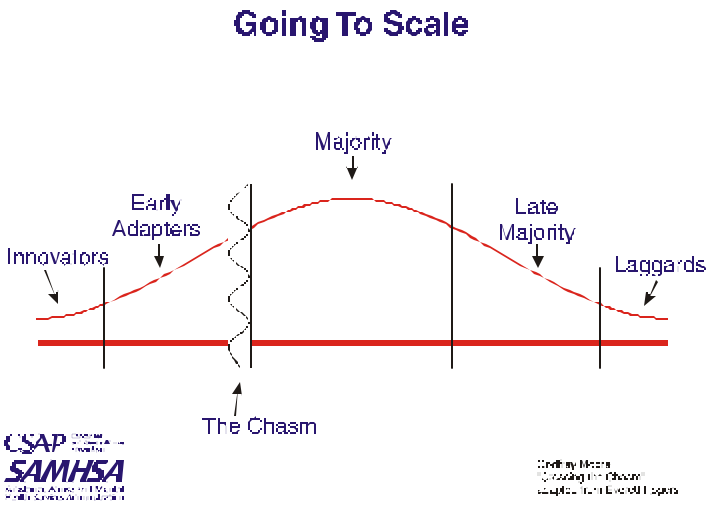
Behavioral Change Models

Diffusion of Innovation

Among prevention models focusing on behavioral change at the individual level, the most familiar is based on the work of Everett M. Rogers. Rogers wrote, "Diffusion is the process by which an innovation is communicated through certain channels over time among the members of a social system." A great deal of social marketing is based on the Diffusion of Innovation theory, which considers how an idea, concept, new behavior, or product is received and used by individuals, families, a community, and a culture. Rogers (1983) defines diffusion as the process by which an innovation is communicated through certain channels over time among the members of a social system. This graph below illustrates the process: over time that the percentage of adopters increases through predictable stages.

Source: Rogers, Everett M., Diffusion of Innovations, 1983, page 11.

Individuals embrace the innovation according to whether they are Innovators, Early Adopters, Early Majority, Late Majority, or Laggards.



Stages of Change Theory/Transtheorectical Model

In stages of change theory, five sequential stages, or steps, in altering personal behavior patterns result in long-term change:

1. Precontemplation—unaware of or refuse to acknowledge risks
2. Contemplation—begin to consider, weigh the costs and benefits
3. Preparation—decide, plan to change behavior
4. Action—implement plan to change, begin new behavior
5. Maintenance—reinforce and habitualize new behavior practice

The Health Belief Model

This is another behavioral change model of interest in substance abuse prevention because it directly addresses the well-documented equation of perceived risks and prevalence of ATD use. The Health Belief Model is broader than this, however, beginning with assessment of the individual's perception of risk, then exploring their beliefs concerning a given risk behavior and consequence, on through their recognition of the benefits of taking action, barriers to action, and internal and external cues to such actions.

The Health Locus of Control Theory

This theory relates to the Health Belief Model by focusing on the degree to which individuals believe that internal or external factors control their health. Thus, individuals are categorized as either:

- Internal—believe that internal factors are primary to their health
- Powerful—believe that others determine one's health

- Chance—believe that fate, luck, or chance are at work in one's health or illness

Community Organization Theory

There are also community level behavioral change models of prevention. Community organization theory, for example, considers empowerment, community competence, participation and relevance, issue selection, and critical consciousness. Organization change theory's concepts include problem definition, initiation of action, implementation of change, and institutionalization of change.

Web of Influence Model

In one straightforward theoretical framework of substance use, six life domains—individual, peer, family, school, community, and society—are used. It is important to note that these domains interact with the individual placed at the core of the model and that all stimuli are processed, interpreted, and responded to based upon the characteristics the individual brings to the situation. This provides a framework in which to understand the interactive effects of risk and protective factors. Additionally, it provides guidance about which factors should be targeted by a diverse array of prevention programs. This framework, or the "Web of Influence," has been used as the organizing principle underlying the identification of domains of influence. While programs work to effect positive change in one or more of these domains, thereby increasing resiliency and enhancing protective factors, the domains are also important in understanding outcomes.

Domains

Often called domains, these are areas of activity and include the individual, family, peers, school, community, and environment. Within each domain are characteristics and conditions that can function as risk or protective factors, thus each of these domains presents opportunities for prevention.

CSAP's Web of Influence model shows how individuals interact within and across domains and how such interactions may lead to substance abuse and other dangerous behaviors. Since this is an interactive model, the Web of Influence also points to effective matching of protective factors with risks.

CSAP's publication, "Principles of Substance Abuse Prevention, Volume 3" in the *Guide to Science-Based Prevention* series (2001) offers additional discussion of how scientifically-supported prevention interventions may be applied within each of the domains. For each of these, a published reference citation is provided.

Risk and protective factors and an individual's character interact through six life or activity domains. The precise nature of the links between substance use and each of the risk factors identified under the six domains is not yet fully understood. The six domains are:

- Individual
- Family
- Peer
- School
- Community
- Environment

Since these domains interact with each other and change over time (Botvin, et al., 1995; Donaldson, Graham, and Hansen, 1994; Hawkins et al., 1992; Kumpfer, Molgaard, and Spoth, 1996), CSAP uses the Web of Influence model to illustrate the complex interactions occurring between individuals and domains that can result in substance use/problem behaviors.

Individual

Lack of knowledge of negative consequences of ATD use, favorable attitudes toward use, early onset of use, biological or psychological disposition, antisocial behavior, sensation seeking, and lack of adult supervision are all within the Individual or Personal Domain. Interventions usually aimed at the individual seek to change knowledge about and attitudes toward substance abuse as a means of influencing behavior.

- Positive temperament characteristics, which include social skills and social responsiveness, cooperativeness, emotional stability, positive sense of self, flexibility, problem-solving skills, and low levels of defensiveness;

- Social competence is harder to define but perhaps just as important. Social competence includes good communication skills, responsiveness, empathy, caring, a sense of humor, and an inclination toward prosocial behavior (Elias, Zins, and Weissberg, 1997). It also includes problem-solving skills, a strong sense of autonomy and independence, and a sense of purpose and of the future (e.g., goal-directedness).

Family

Family Domain risk factors have been defined as including parental and sibling drug use or approval of use, inconsistent or poor family management practices, lack of parental involvement in children's lives, family conflict, differential family acculturation, and low family bonding.

Research shows that educational approaches targeting the family (parents and children) and school-based approaches involving parents or complementing student-focused curricula with parent-focused curricula can be effective in preventing adolescent substance use (Dishion, Andrews, Kavanagh, and Soberman, 1996; Hawkins, Catalano, and Associates, 1992; Kumpfer, Molgaard, and Spoth, 1996; Pentz et al., 1989; Pentz, 1995; Walter et al., 1989).

Some of the issues involved in differential family acculturation include the presence and importance of the extended family, influence of immigration or circular migration, different language abilities within families, influence of religion and folk healers, influence of voluntary and social organizations, and stresses experienced by families as a result of socioeconomic status and racism. Prevention interventions that acknowledge and address one or more of these issues have produced positive effects (Kumpfer and Alvarado, 1995; Kumpfer, Williams, and Baxley, 1997).

Selective interventions (interventions that target high-risk populations) with families have been shown to be effective in enhancing protective factors or producing positive substance abuse-related outcomes (Bry, 1994; Olds, 1997).

Indicated family-based interventions (with substance-abusing parents) have been shown to improve parenting skills, reduce parents' drug use, improve child behavior, and reduce levels of substance use (Kumpfer et al., 1996). However, these interventions tend to require what some may consider a lengthy period of involvement (at least 12 to 15 sessions and sometimes much longer).

[See also: "Preventing Substance Abuse Among Children and Adolescents: Family-Centered Approaches: (1998, CSAP)—Community Guide (NCADI No. PHD758); Practitioners' Guide (NCADI No. PHD759); Resource Guide (NCADI No. PHD760)]

Peer

Peer use, peer norms favorable toward use, and peer activities favorable to use are the main risk factors in this Domain. High rates of underage use in the community, association with already-using friends, and participation in social activities where use by youth takes place can increase risks for substance abuse.

School

Risk factors in this Domain include lack of commitment to education, poor grades/school failure, lack of attachment to school, negative school climate, and lenient school polices regarding use of substances. Many researchers believe risk factors develop or become more pronounced if students don't get satisfaction from academic achievements. Thus, academic skill-building is important in many programs working in this Domain. School climate—teacher's instructional methods, classroom management, class size, student-teacher ratios, classroom organization, and educator's attitudes toward students—also deserve special emphasis.

Community

This Domain's risk factors are lack of bonding/attachment to social and community institutions, lack of community awareness of substance use problems, community norms favorable to use and tolerant of abuse, insufficient community resources to support prevention, and inability to address substance abuse.

Clearly, Community Domain prevention taps into community institutions such as religious institutions, Boys and Girls Clubs, and the YMCA. Workplaces within the community, media, and community coalitions are also vehicles for addressing and reducing Community Domain risk factors.

Environmental

Norms tolerant of use and abuse, policies enabling use and abuse, lack of enforcement of laws to prevent use and abuse, and inappropriate negative sanctions for use and abuse are risk factors in the Environmental Domain. The impact of an environmental focus on society as a whole may be substantial, and environmental systems efforts at change may form an important first line of defense in fighting the spread of substance abuse.

(CSAP's 1999 monograph *Understanding Substance Abuse Prevention: Toward the 21st Century: A Primer on Effective Programs*, DHHS Pub. No. (SMA)99-3302, provides a comprehensive discussion of risk and protective factors, the six domains, the Web of Influence model, and resilience. The monograph is accessible, by chapter, in both HTML and PDF files, at *www.samhsa.gov/centers/csap/modelprograms/pubs_monograph.htm.*)

The Six Prevention Strategies

One way to consider how prevention services are delivered is through CSAP's Six Prevention Strategies. A comprehensive, multistrategic approach is necessary in order to provide effective prevention services:

- *Information Dissemination* is used to increase knowledge and change attitudes about substance use and abuse through activities such as classroom discussions and media campaigns. This strategy includes information about available prevention programs and services. Typically, this involves one-way communication from source to audience, with limited interaction.

- *Prevention Education (Skills Building)* teaches participants important social skills, such as drug resistance and decision making. This is a more two-way approach intended to affect critical life and social skills, such as decision making, refusal skills and critical analysis (e.g., of media messages).

- *Alternatives/Positive Activities* provide opportunities for participation in developmentally appropriate drug-free activities to replace, reduce, or eliminate involvement in substance use-related activities. This strategy assumes that healthy and constructive activities can offset the attraction of drugs and whatever needs drugs might otherwise fill.

- *Environmental Strategies* promote policy changes that reduce risk factors and preserve or increase protective factors such as stepped-up enforcement of legal purchase age for alcohol and tobacco products. Environmental strategies (health protection)—such as safe water, fluoridation, lead abatement, regulations on public smoking, seatbelt laws, and safer highways—generally require societal commitment for the implementation of the extensive interventions needed. Once these changes are made, they require little individual effort from the beneficiary and can have far-reaching impact. Obtaining clinical services or effecting behavioral changes require that individuals make personal efforts to take necessary actions. Preventive environmental services, on the other hand, are for the most part passive, requiring little or no action on the part of the beneficiary.

- *Community-Based Processes* expand community resources dedicated to preventing substance use and abuse through activities such as building community coalitions. Organizing, planning, and networking are also included in this strategy's efforts to enhance the community's ability to deliver adequate prevention and treatment services.

- *Problems Identification and Referral* seeks to recognize individuals who have used alcohol, tobacco, or drugs. Determining if an individual's substance abuse behavior can be reversed through education is the prevention focus of this strategy.

Risk/Protective Factors/Resilience

Among the most significant developments in substance abuse prevention in recent years has been a focus on risk/protective factors as a unifying descriptive and predictive framework.

Prevention using a risk/protective factors approach is based on the premise that identifying factors that increase the risk of a problem developing, then finding ways to reduce the risk is effective. Identifying factors that buffer individuals from the risk factors in their environments makes it possible to increase protection. University of Washington-Seattle researchers, led by J. David Hawkins, Ph.D., and Richard F. Catalano, Ph.D., popularized these social development concepts in the 1980s and have since been joined by other prevention researchers and practitioners.

Young people are exposed to both risk and protective factors for substance abuse. Risk factors place them at greater than average risk for substance use, whereas protective factors buffer youth from beginning or continuing use. Legislation that created CSAP's High-Risk Youth demonstration grants generally focuses on youth at greatest risk.

Some risk and protective/resiliency factors are found in all cultures and socioeconomic groups, but the prevalence of these factors will vary from culture to culture and from community to community.

Not all risk and protective factors are amenable to change—genetic susceptibility to substance use, for example—but research shows that their influence can often be lessened or enhanced.

Risk Factors

The more risk factors a young person has, the more likely it is that he or she will experience substance use and related problems (Bry and Krinsley, 1990; Newcomb and Felix-Ortiz, 1992). "Risk factors include biological, psychological/behavioral, and social/environmental characteristics such as a family history of substance use, depression or antisocial personality disorder, or residence in neighborhoods where substance use is tolerated." The more that risks can be reduced—for example, by effectively treating mental health disorders, improving parents' family-management skills, or increasing law enforcement—the less vulnerable a child will be to subsequent health and social problems (Hawkins, Catalano, and Miller, 1992).

All young people are exposed to risk factors that vary considerably according to age, psychosocial development, ethnic/cultural identity, and environment. However, the impact of any single risk factor may change over time with the development of the child or changes in his or her environment.

"…risk factors will vary within special populations, such as young adults with mental or physical disabilities and/or alternate lifestyles. For example, lesbian and gay adolescents

may begin to use drugs to reduce anxiety and fear of rejection when they become aware of their sexual orientation" (Gibson, 1989).

Youth at high risk tend to live in settings where they are exposed to multiple risks, and they tend to come from families with multiple problems. Significant numbers of these young people are likely to die as a result of injuries, alcohol and drug use, or homicides.

Some general science-based findings about risk factors include:

- Risk factors exist in multiple domains and all areas of life. Addressing a single risk factor in a single area may have little effect; reducing risks across several areas is more productive.
- The more risk factors that are present, the greater the risk. If a community can't reduce all risk factors present, reducing or eliminating a few may significantly decrease youth problem behaviors.
- Common risk factors predict diverse problem behaviors. Many individual risk factors predict multiple problems. Reducing risk factors is likely to affect a number of problems.
- Risk factors appear consistent across races and cultures. Levels of risk may vary, but the way in which a risk factor works does not appear to do so. Communities may prioritize prevention efforts for groups with higher levels of risk exposure.
- Protective factors may buffer exposure to risk. Protective factors buffer youth from the negative consequences of risks by reducing the impact of the risk or changing the person's response to the risk. Enhancing protective factors can reduce chances of problem behaviors.

Common Risk Factors by Domain

Individual

- Alienation/rebelliousness
- Friends who engage in the problem behavior
- Favorable attitudes toward the problem behavior
- Early initiation of the problem behavior
- Constitutional factors (substance abuse, delinquency, violence)

Family

- Family history of problem behavior (substance abuse, violence, etc.)
- Family management problems
- Family conflict
- Parental attitudes and involvement in drug use, crime, and violence

Peer

- Peer rejection in elementary grades (commonly caused by aggressiveness, shyness, withdrawal)

- Association with ATD-using peers—time spent with friends who use alcohol, drugs, or both

School

- Early and persistent antisocial behavior
- Academic failure beginning in elementary school
- Lack of commitment to school

Community

- Availability of alcohol, tobacco, or illicit drugs
- Community laws and norms favorable toward use
- Transitions and mobility
- Loss of neighborhood attachment and community disorganization
- Extreme economic deprivation

Environmental

- Convenient access to alcohol, tobacco, or illicit drugs
- Low retail prices of alcohol, tobacco, or illicit drugs
- Exposure to mass media messages that appear to support substance abuse

Protective Factors/Assets/Social Competence

Solid family bonds and the capacity to succeed in school are among protective factors that can keep youth from substance abuse. Exposure to even multiple risk factors doesn't necessarily mean that substance abuse or other problem behaviors will follow, and many children do grow up problem free in spite of high-risk families and environments. The presence of protective factors reduces the likelihood that substance abuse will develop (Hawkins, et al., 1992; Mrazek and Haggerty, 1994). Among resilient children, protective factors appear to balance and buffer against the negative impact of risk factors (Anthony and Cohler, 1987; Hawkins, et al., 1992; Mrazek and Haggerty, 1994; Wolin and Wolin, 1995).

One way to consider protective factors is the Assets Approach or Strengths Approach. This is a strategy for reaching universal prevention populations by adding or enhancing strengths or assets, rather than by reducing risks or deficits. It focuses on all youth in a community and avoids labeling anyone as at risk or high risk.

In recent years, there has been increasing emphasis on protective factors and resilience. In prevention, the term originated in the longitudinal studies of Garmezy and Streitman (1974), Emmy Werner (1986), Michael Rutter (1979), and others who examined the developmental qualities of children and youth who prevailed and succeeded despite risk factors such as poverty, substance-abusing parents, and dysfunctional families. Garmezy defined resilience (Hazelden, 1996) as an absence of deviant outcomes regardless of exposure to risk. Wolin and Wolin (1995) defined it as successful adaptation despite risk and adversity. According to one recent review of the literature (Hazelden, 1996), factors contributing to resilience in young people include:

- A strong relationship with a parent or caring adult who provides a nurturing environment early and consistently.
- Feelings of success and a sense of mastery so young people can name something they do successfully and can build self-respect.
- Strong internal and external resources such as good physical health, self-esteem, a sense of humor, and a supportive network that includes family, school, and community.
- Social skills, including good communication and negotiating skills, and the ability to make good decisions and to refuse activities that may be dangerous.
- Problem-solving and thinking skills that help to generate alternatives and solutions to problems.
- Hope that odds can be overcome with perseverance and hard work.
- Surviving previous stressful situations—each time a young person masters a difficulty, that experience helps him or her face the next difficulty.

Developing resilience in young people and promoting specific strengths such as these within multiple domains have been and continue to be a major focus of the High-Risk Youth Demonstration Grant Program.

The literature on protective factors and resilience is more diffuse than that for risk factors. There is less clarity about which factors are most important in the prevention of substance abuse. But there is a growing consensus that certain protective factors are critically important.

Since 1989, The Search Institute (*www.search-institute.org*) has conducted research identifying those positive relationships, opportunities, competencies, values, and self-perceptions that youth need to succeed. The Institute's Developmental Assets approach lists 40 developmental assets necessary for healthy youth development, divided into "external" and "internal" assets. The Developmental Assets model is considered a "promising" approach pending conclusive research demonstrating that increasing assets reduces or delays substance abuse.
The Indiana Prevention Resource Center's Web site (*www.drugs.indiana.edu*) has a page in its Prevention Theory section devoted to the Youth Assets Development approach, including links to many documents and resources on the topic.

It is important to note that while any increase to an individual's assets helps their overall development, a cumulative effect of multiple asset increases is needed to protect against substance abuse behaviors.

Cultural Competence

To be effective, all substance abuse prevention services must be culturally competent, regardless of the goals and objectives or identified target audience.

Defined as "the shared values, traditions, norms, customs, arts, history, folklore, and institutions of a group of people," culture shapes how people see their world and structure

community and family life. Cultural affiliation often determines values and attitudes about health issues, responses to messages, and use of alcohol, tobacco, and illicit drugs.

Culture is broader than race and ethnicity and people often belong to one or more subgroups, influencing what they think and how they act. Geography, lifestyle, age, disabilities, and other characteristics also affect attitudes and behavior.

Cultural competence refers to academic and interpersonal skills allowing people to increase their understanding and appreciation of cultural differences and similarities within, among, and between groups.

A culturally competent program demonstrates sensitivity to and understanding of cultural differences in program design, implementation, and evaluation. Such programs:

- Acknowledge cultures as a predominant force in shaping behaviors, values, and institutions.
- Acknowledge and accept that cultural differences exist and have an impact on service delivery.
- Believe that diversity within cultures is as important as diversity between cultures.
- Respect the unique, culturally defined needs of various client populations.
- Recognize that concepts such as "family" and "community" are different for various cultures and even for subgroups within cultures.
- Understand that people from different racial and ethnic groups and other cultural subgroups are usually best served by persons who are a part of or in tune with their culture.
- Recognize that taking the best of both worlds enhances the capacity of all.

As of fall 2001, nine titles have been published in the CSAP Cultural Competence Series of monographs. Each volume addresses a specific cultural population, referencing the latest substance abuse prevention research findings for that group. Although printed in limited numbers and not yet available electronically, the National Clearinghouse for Alcohol and Drug Information (NCADI) provided each State's Regional Alcohol and Drug Awareness Resource (RADAR) Network Center with copies of each title as it was published. Copies are also in the collections of most major alcohol, tobacco, and illicit drug libraries in the United States, including NCADI and members of the nonprofit Substance Abuse Librarians and Information Specialists (SALIS) association (*www.salis.org*).

State-of-the-art training materials in cultural competence for prevention programming are available in the Training Library of the CSAP Prevention Decision Support System Web site at *www.preventiondss.org*. To access the library select the "Get Training & Support" tab at the upper right of the homepage, then click on "CSAP Training Curricula." New curricula are added frequently. Of special interest are those developed by CSAP Institutes, including:

- Asian/Pacific Islander Institute

- Gathering of Native Americans (GONA)
- Hispanic Latino Leadership Institute
- Institute for African American Mobilization

The *CSAP Communications Technical Assistance Bulletin* "Following Specific Guidelines Will Help You Assess Cultural Competence in Program Design, Application, and Management" (1994, MS500) is one of several in this series summarizing basic cultural competence information. The series is available in print and electronic versions from NCADI and its PREVLINE Web site and through State RADAR Network Centers. Several titles in the *CSAP Substance Abuse Resource Guide* series address specific cultural populations, including ethnic/racial groups, older people, people with disabilities, and lesbian, gay, bisexual, and transgender populations and are also accessible from NCADI, PREVLINE, and most RADAR Network Centers.

Science-Based Model Programs

Model Programs

Science-based programs are developed and evaluated using scientific processes. They are grounded in a clear theoretical foundation and have been subjected to thorough and careful implementation and evaluated. Their evaluation findings have been subjected to critical review by other researchers, and each program has been replicated and produced desirable results in a variety of settings.

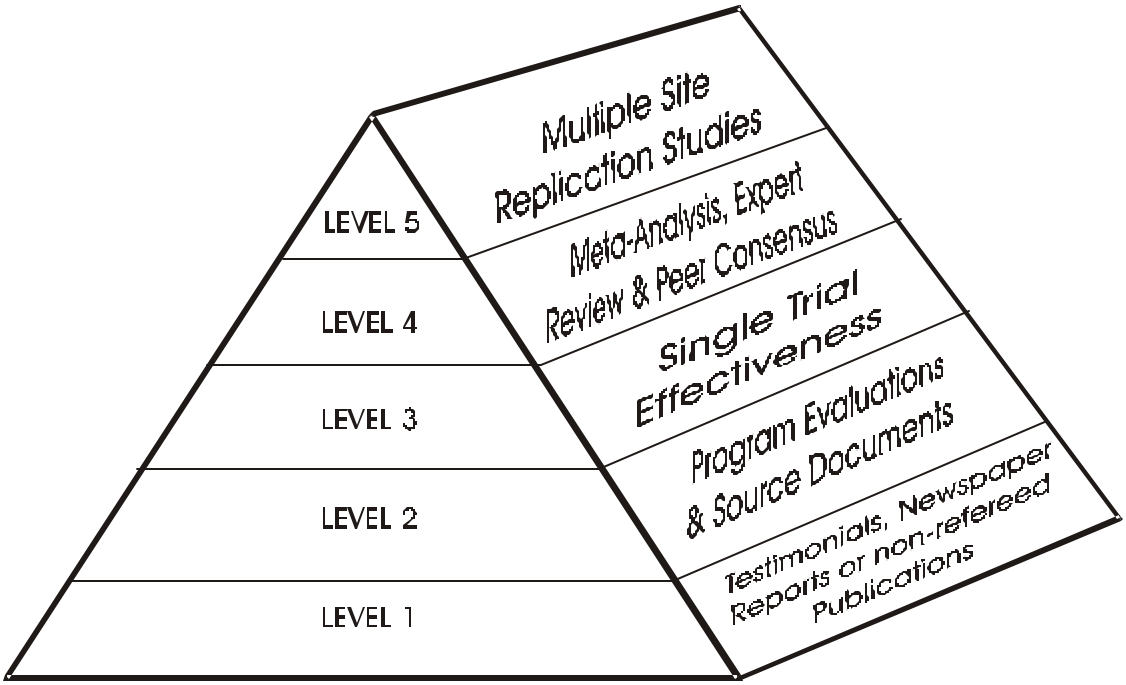
Thus, science-based prevention programs have:

- Been well implemented,
- Been thoroughly evaluated, and
- Produced consistent positive and replicable results.

CSAP identifies model programs. Model programs have been rigorously evaluated with strong outcomes for:

- Prevention of alcohol and drug abuse, steroid abuse, school drop out, violence, and other high-risk behaviors;
- Diverse ethnic population;
- Community, family, school, and faith settings; and
- Youth aged 2 to 18 (to be expanded to other life stages).

Levels of effectiveness of science-based prevention are illustrated by this graphic:



In order to be identified by CSAP as science-based model programs, reviewers independently rate programs submitted for inclusion on the 15 dimensions listed below:

1. Theory—degree to which the project findings are based in clear, well-articulated theory; a clearly stated hypotheses; and clear operational relevance.
2. Fidelity of interventions—degree to which there is clear evidence of high fidelity implementation, which may include dosage data, and evidence of fidelity to the curriculum.
3. Process evaluation quality.
4. Sampling strategy and implementation; the quality of sampling design and implementation.
5. Attrition—evidence of sample quality based on information about attrition.
6. Outcome measures—the operational relevance and psychometric quality of measures used in the evaluation and the quality of supporting evidence.
7. Missing data—the quality of implementation of data collection (e.g., amount of missing data).
8. Outcome data collection—the way data is collected in terms of bias or demand characteristics and haphazard manner.
9. Analysis—the appropriateness and technical adequacy of techniques of analysis, primarily statistics.
10. Other plausible threats to validity (excluding attrition)—the degree to which the evaluation design and implementation addresses and eliminates plausible alternative hypotheses concerning program effects. The degree to which the study design and implementation warrants strong causal attributions concerning program effects.

11. Integrity—the overall level of confidence that the reviewer can place in project findings based on research design and implementation.
12. Utility—the overall usefulness of project findings for information prevention theory and practice. This rating is anchored according to the following categories, and combines the strength of findings and the strength of evaluation.
13. Replication—number of replications of model or cultural, gender, age, or local adaptations of model with similar positive results of both the intervention implementation and evaluation.
14. Dissemination capability—program materials developed, including training in program implementation, technical assistance, standardized curriculum and evaluation materials, manuals, fidelity instrumentation, videos, recruitment forms, etc.
15. Cultural and age appropriateness.

Effective Programs

Effective programs are prevention programs that produce a consistent positive pattern of results. Only those programs that positively affect the majority of intended recipients or targets are considered effective. These programs must score at least a 4.0 on a 5-point scale on parameters of integrity and utility. CSAP categorizes effective programs as those meeting "model program" criteria but not currently being disseminated by their developers.

Promising Programs

Promising programs provide useful and scientifically defensible information about what works in prevention but do not yet have sufficient scientific support to attain standards set for effective status. Promising programs are eligible to be elevated to effective status subsequent to review of additional documentation regarding program effectiveness. Promising programs must score at least 3.33 on a 5-point scale on parameters of integrity and utility. CSAP provides feedback and resources and offers technical assistance to guide promising programs to advance their evaluations and obtain the data and supportive materials needed to achieve model status.

Exemplary Programs

Exemplary programs are prevention programs that produce a consistent positive pattern of results. Only those programs that positively affect the majority of intended recipients or targets are considered effective. These programs must score at least a 4.0 on a 5-point scale on parameters of integrity and utility.

In the mid-1980s, NASADAD and NPN established detailed procedures and rating criteria for such programs. In 1987, CSAP joined them in honoring grassroots prevention programs to showcase innovations in prevention that have merit for replication. In 1999, the Community Anti-Drug Coalitions of America (CADCA) became an additional partner in this endeavor.

Process Wheel

Logic Model—CSAP's Prevention Decision Support System (DSS)—preventiondss.org

The organizing concept of the DSS is based on CSAP's logic model for strategic planning, implementation, and evaluation of prevention programs. The logic model is presented as a circular (recursive) seven-step process beginning at assess needs and progressing through develop capacity, select programs, implement programs, evaluate programs, report programs, and get technical assistance and training.

The snapshot diagram of the DSS shows the seven topical modules that are accessed and integrated by the DSS common interface (portal). When beginning a new prevention project, CSAP recommends starting at the first step of CSAP's DSS logic model—assess needs. However, many will come to the DSS with pre-existing projects or work in progress. The DSS portal allows users to begin working with any of the modules or other resources (e.g., library, program descriptions, etc.), including expert advise on:

- Assess your needs
- Assess and develop capacity
- Select programs and practices
- Implement programs
- Evaluate programs and practices
- Write your reports
- Get training and support

This snapshot diagram of the DSS greets visitors to the CSAP Prevention Decision Support System, or DSS, Web site and is the site's logo. It shows the seven topical modules that are accessed and integrated by the DSS common interface (portal).

At *www.preventiondss.org*, seven tabs across the top of the homepage lead into resource sections specific to each of the seven steps in the process, or Logic Model:

Assess Your Needs

- Start with a vision statement for your prevention project.
- Outline the project's constituency groups and roles for participants.
- Define the characteristics of the target populations and project participants.
- Outline the project's general characteristics (e.g., contexts, theory, settings).
- Obtain national and State data on health status, substance abuse problems, and census/demographic variables.
- Identify the risk and protective factors to be addressed by the project.
- Add primary data you gathered locally.
- Generate your needs assessment report with decision support.

Assess and Develop Capacity

- Determine internal capacities—human, infrastructure/technical, and funding.
- Determine external resources—human (stakeholders, volunteers), technical/physical (donated services, facilities), and funding (local, regional, and national support sources).
- Develop your project's strategic plan—vision, mission, goals, and objectives.

Select Programs and Practices

- Establish program and best practices criteria that fit your strategic plan, capacities, local cultures, and contexts.
- Match your criteria to prevention programs rated as "best or promising" based on their intervention strategies, scientific merits, and evidence of effectiveness.
- Search a database of the National Registry of Effective Prevention Programs (NREPP).
- Consider each of the possible matching programs' requirements for staffing, fidelity of implementation, and ease of adaptation to your locale's customary ways of doing things.
- Set benchmarks for evaluation, including baseline data and future measures.

Implement Programs

- Develop action plans and prepare to implement each activity in a project.
- Develop a system to conduct the preventive intervention components.

In the PreventionDSS Implement Programs and Practices Tool, each project objective created in the strategic plan (as part of the develop capacity work) is retrieved in order to create the necessary implementation action steps for the project and to specify for each

one the "what, when, and by whom" information. This process helps develop a detailed plan to ensure:

- Appropriate staffing
- Consistent procedures
- Organizational and community support for the programs

The present version of the Implement Programs and Practices Tool focuses on:

- Training staff
- Preparing for project evaluation

Some attention is also given to defining action steps for:

- Maintaining fidelity
- Coping with barriers
- Working with facilitators

Evaluate Programs and Practices

- Evaluation capacity tools to help design prevention project evaluations, gather the data, create easily managed databases, and then analyze and interpret the data.
- Process evaluation tools to record and quantify the many processes involved in running a preventive intervention program.
- Outcome evaluation tools to measure the interventions' outcome effects among the participants. Read the "Introduction to Outcome Evaluation" for more information.

Other PreventionDSS evaluation tools will take users through these additional evaluation activities:

- Preparing reports that list the findings from the process evaluations and intervention-related outcomes for each of the project's objectives.
- Integrating evaluation findings with customized decision support for making a scientifically sound adjustment to a prevention project.
- Assessing the cost effectiveness and cost benefits of the program.

Write Your Reports

In PreventionDSS, this is where users can store, organize, and report the information gathered with PreventionDSS tools for prevention projects.

With or without the invaluable tools available through the DSS portal, writing reports is the obvious, necessary, and invaluable next step in the Logic Model process.

Get Training and Support

At every step in the Logic Model process, prevention planners, staff members, volunteers, and evaluators may need and can benefit from an array of training and support resources to which CSAP provides easy access via the DSS site:

- Tutorials to help you use PreventionDSS;
- Training opportunities for preventionists, including university-based, online, and prevention community-sponsored courses;
- CSAP-developed curricula for facilitator-led courses;
- Briefings and PowerPoint presentations that you can use with your constituents;
- Training reference documents.

Members of the National Prevention Network will also find *Prevention Works!* communications training products developed as part of their ongoing communications collaboration with CSAP in this section of the DSS portal.

Prevention Leadership and Collaboration at Federal or National Level

The members of the National Prevention Network (NPN), described at the beginning of this document, are their respective State agency's leader in coordinating prevention funding and services within their State. In the course of this they interact with other State agencies, private sector organizations, community agencies and programs, and other partners and collaborators unique to their circumstances. They also interact with numerous agencies of the Federal Government having various interests in substance abuse prevention, offering funding opportunities, research, data collection, and model guidelines and programs. Nationally, many nongovernment resources also focus on substance abuse prevention-related issues and offer additional resources and may have varying kinds of influence on overall U.S. trends in reducing and preventing substance abuse.

This section is a brief introduction, first to Federal agencies and then to some private-sector organizations NPN members work with either directly or indirectly in several key instances, as overseers of Federal monies allocated to their States for the purpose of preventing alcohol, tobacco, and drug use among youth and substance abuse problems in all populations. Other, experienced NPN members can provide helpful directions to those new to the substance abuse prevention field. These pages are intended to provide further guidance.

The Substance Abuse and Mental Health Services Administration (SAMHSA) Authorization

SAMHSA (*www.samhsa.gov*) was established by Congress under Public Law 102-321 on October 1, 1992, to strengthen the Nation's health care capacity to provide prevention, diagnosis, and treatment services for substance abuse and mental illnesses. SAMHSA works in partnership with States, communities, and private organizations to address the needs of people with substance abuse and mental illnesses as well as the community risk factors that contribute to these illnesses. In fiscal year 2000, SAMHSA's budget was approximately $2.6 billion. The Agency employs approximately 550 staff members.

SAMHSA serves as the umbrella under which substance abuse and mental health service centers are housed, including the Center for Mental Health Services (CMHS), the Center for Substance Abuse Prevention (CSAP), and the Center for Substance Abuse Treatment (CSAT). SAMHSA also houses the Office of the Administrator, the Office of Applied Studies, and the Office of Program Services.
SAMHSA and its Centers' programs improve the quality and availability of substance abuse prevention, addiction treatment, and mental health services nationwide.
SAMHSA's Federal block grant funding enables States to maintain and enhance substance abuse and mental health services. Targeted Capacity Expansion grants give local communities resources to better identify and address emerging substance abuse and mental health service needs at their earliest possible stages. SAMHSA-supported

programs implement, test, and assess new prevention and treatment methods in the community through Knowledge Development and Application Grants.

- *The Center for Mental Health Services (CMHS)* works to create an effective community-based mental health service infrastructure in the United States. The Center's foremost goal is to improve the availability and accessibility of high quality care for people with or at risk for mental illnesses and their families. While the largest portion of the Center's annual appropriation supports States through the Community Mental Health Services Block Grant Program, CMHS also supports a portfolio of grant programs that develop and apply knowledge about best community-based practices to reach people at greatest risk: adults with serious mental illnesses and children with serious emotional disturbances. Further, the Center collects and disseminates national mental health services data. CMHS's information clearinghouse—the Knowledge Exchange Network (KEN)—can be reached by toll-free telephone at 1-800-789-2647 and on the Internet at *www.mentalhealth.org*.

- *The Center for Substance Abuse Prevention (CSAP)* identifies and promotes effective strategies to prevent substance abuse—illicit drug use, misuse of legal medications, use of tobacco, or excessive or illegal use of alcohol. CSAP works to give all Americans the tools and knowledge they need to help reject substance abuse by strengthening families and communities and by developing knowledge of the types of prevention that work best for different populations at risk for substance abuse. The Center's grant programs promote the development, application, and dissemination of new knowledge in substance abuse prevention. Further, CSAP supports the National Clearinghouse for Alcohol and Drug Information (NCADI), the Nation's Federal source of information on substance abuse research, treatment, and prevention. NCADI's toll-free number is 1-800-729-6686; its Internet address is *www.health.org*.

- *The Center for Substance Abuse Treatment (CSAT)* is leading the Nation's effort to enhance substance abuse treatment services and ensure they are available to people who need them. It identifies, develops, and supports policies and programs that enhance and expand science-based effective treatment services for individuals who abuse alcohol and illicit drugs and that address addiction-related problems. CSAT administers the State block grant program for substance abuse prevention and treatment. CSAT also undertakes knowledge development, education, and communications initiatives that identify and promote best practices in substance use/abuse treatment and intervention. CSAT also sponsors a toll-free treatment referral line, 1-800-662-HELP, which helps callers find the kinds of substance abuse services resources needed.

SAPT Block Grant

The following excerpts applicable to State prevention agencies are from the official Government documents located on the SAMHSA Web site at *www.samhsa.gov*.

The Substance Abuse Prevention and Treatment (SAPT) Block Grant (42 U.S.C. §§300x-21-300x-35) program provides funding to States to support activities related to the diagnosis, treatment, and prevention of mental illness and addictive disorders. The laws specify broadly how the block grant funds are to be used, but they give States considerable latitude in determining how best to serve the targeted populations.

Key provisions of the SAPT laws that are relevant to managed care contracting are outlined below.

The Substance Abuse Prevention and Treatment (SAPT) Block Grant

The SAPT Block Grant law (Public Law 102-321; 42 U.S.C. §§300x-21-300x-35) has certain minimum service requirements:

- Not less than 35 percent of the grant can be spent on prevention and treatment activities related to alcohol and not less than 35 percent on activities related to drugs.
- Not less than 20 percent can be spent on substance abuse education and counseling and other risk reduction services, with priority given to population groups at risk for substance abuse.
- A minimum portion of a State's Federal allocation must be spent on treatment for pregnant women and women with dependent children (this provision can be waived in States that can demonstrate that they are providing an adequate level of treatment services as indicated by a comparison of the number of such women seeking services with the available service capacity).
- The statute specifies treatment timelines for individuals requesting treatment for injection drug use; an individual must be admitted to treatment within 14 days after the request, or 120 days in the event that treatment programs funded under the act have reached capacity [42 U.S.C. §300x-23(a)]. In the case of pregnant women, stricter treatment timelines are established, and preference is given to them when facilities have limited capacities (42 U.S.C. §300x-27).
- The statute requires entities receiving funds to routinely make available tuberculosis services to each individual receiving substance abuse treatment. The term "tuberculosis services" means counseling, testing, and providing such services [42 U.S.C. §300x-24(a)].
- The statute requires designated States to carry out one or more projects to make available to individuals early intervention services for HIV disease at the sites at which individuals are undergoing treatment for substance abuse. The term "early intervention services for HIV disease" refers to appropriate pretest counseling; tests to confirm the presence of HIV; tests to diagnose the extent of the deficiency in the immune system; tests to provide information on appropriate therapeutic measures for preventing and treating conditions arising from the disease; and appropriate posttest counseling. The term "designated States" refers to States with an AIDS case rate of 10 or more such cases per 100,000 individuals (as reported to and confirmed by the director of the Centers for Disease Control and Prevention for the most recent calendar year for which such data are available).

The law exempts a State from having to offer these services through at least one rural site if there is "insufficient" demand [42 U.S.C. §300x-24(b)].

- The statute contains third-party liability recovery provisions that prohibit payment if payment has been made or can reasonably be expected to be made under Medicare or Medicaid programs or another insurance program [42 U.S.C. §300x-31(a)].

The SAPT statute does not delineate "qualified providers," nor does it mandate an open-door policy. However, the law does provide for minimum service allotments (e.g., for pregnant women). This provision limits a State's ability to use funds to sponsor enrollment of other individuals unless the State can document that other funds are available to adequately serve the target population.

The SAPT Block Grant has other restrictions. Funds may not be used to pay for inpatient hospital services, to make cash payments to intended recipients of services, to make capital or major equipment improvements, to satisfy non-Federal spending requirements under any other Federal program, or for care and services not authorized under the Ryan White Act. Finally, the SAPT Block Grant also places a 5 percent limitation on a State's use of Federal funds for administrative purposes, and these limitations would have to be reflected in the administrative payment components of the premium.

State Incentive Grants (SIGS)

SIGs (*www.samhsa.gov/grants/grants.html*) call for Governors to develop and implement a comprehensive statewide substance abuse prevention strategy to optimize the use of all State and Federal substance abuse prevention funding streams and resources including the 20 percent primary prevention set-aside from the SAPT Block Grant, the funds from this SIG program, and the additional financial support from Federal agencies, States, and communities. The SIG program has three goals:

(1) Coordination of Funding. To develop and implement a sound strategy to identify, coordinate, leverage, and/or redirect, as appropriate and legally permissible, all substance abuse prevention resources (funding streams and programs) within the State that are directed at communities, families, youth (ages 12–17), schools, and workplaces.

(2) Development of Comprehensive Prevention State System. To develop and implement a comprehensive, long-range prevention program system to ensure that all State prevention resources fill identified gaps in prevention services targeting youth ages 12–17 throughout the State with science-based prevention programs.

(3) To assist States in measuring progress in reducing substance use by establishing targets for measures included in the National Household Survey on Drug Abuse.

Synar Legislation

After years of little progress in reducing tobacco use among teens, the Federal Government's recently implemented Synar Regulation offers States a new challenge and a useful tool in the fight to reduce tobacco sales to minors. Although it is illegal in every State for individuals under 18 years of age to purchase tobacco, minors have had easy access to tobacco products because the laws rarely have been enforced. Every day in the United States, 3,000 children and adolescents become regular smokers; this translates to more than 1 million new underage smokers per year. One in three of these young people who continue to smoke in adulthood will die of a smoking-related disease. In an effort to delay the initiation and reduce the continued use of tobacco by youth through restricting access, Congress passed the Synar Amendment, named for its sponsor, the late Congressman Mike Synar of Oklahoma. The goal is to reduce the rate of illegal purchases by minors to no more than 20 percent in each State. Reducing sales of tobacco to minors through the Synar Regulation will reduce both current and future health problems among adolescents and is consistent with the public's support of measures to prevent the use of tobacco by young people.

Implementing the SAMHSA Tobacco Regulation for the Substance Abuse Prevention and Treatment Block Grant: Key Requirements of the Regulation

The SAMHSA regulation implementing the Synar Amendment requires the State to:

- Have in effect a law prohibiting any manufacturer, retailer, or distributor of tobacco products from selling or distributing such products to any individual under the age of 18.
- Enforce such laws in a manner that can reasonably be expected to reduce the extent to which tobacco products are available to individuals under the age of 18.
- Conduct annual random, unannounced inspections to ensure compliance with the law. These inspections are to be conducted in such a way as to provide a valid sample of outlets accessible to youth.
- Develop a strategy and timeframe for achieving an inspection failure rate of less than 20 percent of outlets accessible to youth.

All 50 States and 9 jurisdictions (including the District of Columbia) are required to comply with the Synar Regulation. However, because legislatures in several States were not scheduled to convene during 1993 or 1994 following the passage of the Synar law, some States were given a 1-year delay. These seven States (termed delayed applicability States) are Arkansas, Kentucky, Montana, Nevada, North Dakota, Oregon, and Texas.

SAMHSA has worked closely with the Single State Authorities for substance abuse and their partner agencies to build an infrastructure to meet the requirements of the Synar Regulation. As a result, there has been tremendous progress on the part of the States in complying with the new SAPT Block Grant requirements. All States (excluding the delayed applicability States) are in compliance with the basic provisions of the SAMHSA

Implementing Regulation. No State is in violation of any provision. Specifically, these States:

- Have laws banning the sale or distribution of tobacco products to minors;
- Conduct random, unannounced inspections of retail tobacco outlets so that statewide compliance rates can be estimated;
- Have a timetable (negotiated with SAMHSA) and strategy for bringing the rate of tobacco sales to youth under the age of 18 years to 20 percent or below; and
- Report to SAMHSA the results of their sampling, inspection, and enforcement activities.

To assist those responsible for reducing sales of tobacco products to minors, CSAP has published a 64-page guide, *CSAP Technical Report: Implementing the Synar Regulation: Strategies for Reducing Sales of Tobacco Products to Minors,* (1998) (NCADI No. PHD753) available free from NCADI and from most State RADAR Network Centers.

Two additional CSAP resources also can be ordered from NCADI or a RADAR Network Center or can be obtained electronically from *www.health.org*:

- *Prevention Enhancement Protocols System (PEPS): Reducing Tobacco Use Among Youth: Community-Based Approaches, A Guideline for Prevention Practitioners.* (NCADI No. PHD745)
- *Prevention Enhancement Protocols System (PEPS): Reducing Tobacco Use Among Youth: Community-Based Approaches, A Community Guide.* (NCADI No. PHD744)

On March 21, 2000, the U.S. Supreme Court ruled that the U.S. Food and Drug Administration lacked the authority to regulate tobacco. Therefore, FDA no longer maintains its Children and Tobacco Web site.

- *Federal Register notices* and other documents related to FDA's tobacco regulations can be found at the Government Printing Office's Web site at *www.access.gpo.gov/su_docs/fda*.
- *Administration statements* related to FDA's tobacco regulation can be found on the White House Web site at *www.whitehouse.gov*.
- *Court-related documents* can be found on the Department of Justice's Web site at *www.usdoj.gov*.
- *FDA press releases and talk papers* are located in the Archives on the FDA Web site at *www.fda.gov/opacom/hpwhats.html#press*. The Archives also contain FDA backgrounders at *www.fda.gov/opacom/backgrounders/bckindex.html* and an *FDA Consumer* article at *www.fda.gov/fdac/features/196_smok.html.*

Links to the Web sites for the Safe and Drug-Free Schools Program, the Federal Government's primary vehicle for reducing alcohol, tobacco, and illicit drug use and violence through education and prevention activities in our Nation's schools, to the State Tobacco Activities Tracking and Estimates System, and to Web-based resources of the

U.S. Surgeon General can be accessed easily through *www.preventiondss.org*. The word "tobacco" entered in the search feature will provide a list with hyperlinks.

Center for Substance Abuse Prevention (CSAP)

The brief description of CSAP's role provided in the overview of SAMHSA indicates CSAP's overall activities and resources. Among these are several of particular significance for those working directly in the substance abuse prevention field and are described below in no particular order. Each will have great value depending on the prevention task at hand. Some additional CSAP resources helpful for State and community prevention leaders can be found on page 72, under "CSAP Resources."

CSAP's National Clearinghouse for Alcohol and Drug Information (NCADI)

NCADI is the information service for SAMHSA's CSAP in the U.S. Department of Health and Human Services. NCADI is the world's largest resource for current information and materials concerning substance abuse. NCADI services include:

- An information services staff (English, Spanish, TDD capability) equipped to respond to the public's alcohol, tobacco, and drug (ATD) inquiries;
- The distribution of free or low-cost ATD materials, including fact sheets, brochures, pamphlets, monographs, posters, and videotapes from an inventory of over 1,000 items;
- A repertoire of culturally diverse prevention, intervention, and treatment resources tailored for use by parents, teachers, youth, communities, and prevention/treatment professionals;
- Customized searches in the form of annotated bibliographies from alcohol and drug databases;
- Access to the Prevention Materials Database (PMD), including over 8,000 prevention-related materials, and the Treatment Resources Database, available to the public in electronic form; and
- Rapid dissemination of Federal grant announcements for ATD prevention, treatment, and research funding opportunities.

NCADI is staffed to take calls 24 hours a day, 7 days a week at 1-800-729-6686.

NCADI's Visitor Center
11426-28 Rockville Pike, Suite 200
Rockville, MD 20852
Hours: Monday through Friday, 8:30 a.m. to 6 p.m.
Visitor tours are available, and the NCADI library has more than 80,000 journals, newspapers, magazines, and reference books, plus equipment for reviewing audiotapes and videotapes.

CSAP's PREVLINE

PREVLINE (for Prevention Online), located at *www.health.org*, is the Web site of SAMHSA's NCADI, a service of SAMHSA's CSAP. PREVLINE is the Nation's most authoritative and frequently visited site for drug and alcohol information. PREVLINE features include regular live Web casts, chats, e-books, PowerPoint presentations available for download, online publication ordering, a newsroom and conference calendar, interactive games, online forums, and many searchable databases. Subscribers to the site's listserve receive e-mail announcements of PREVLINE special events, additions, and changes.

CSAP's RADAR Network

The Regional Alcohol and Drug Awareness Resource (RADAR) Network was created by CSAP to strengthen communication, prevention, and treatment activities so that a broad range of organizations can communicate and help each other prevent substance abuse problems.

The RADAR Network consists of:

- State clearinghouses;
- Prevention resource centers;
- Department of Education Regional Training Centers; and
- National, international, and local organizations supporting substance abuse prevention activities.

To date, there are over 750 RADAR Network Centers in three broad categories. Links are located within the Resources & Referrals section of *www.health.org*, shown alphabetically under "Related Links":

- RADAR Network State Centers
- RADAR Network Specialty Centers
- RADAR Network Associate Centers

For more information on the RADAR Network, call 1-800-729-6686, ext. 5111.

CSAP National Centers for the Application of Prevention Technologies (CAPTs)

The primary mission of the CSAP CAPTs (*www.captus.org*) system is to bring prevention research to practice by assisting States/jurisdictions and community-based organizations in the application of the latest research-based knowledge to their substance abuse prevention programs, practices, and policies. The body of knowledge and experience that defines what works best in prevention programming has not impacted the prevention field to the desired level of effectiveness.

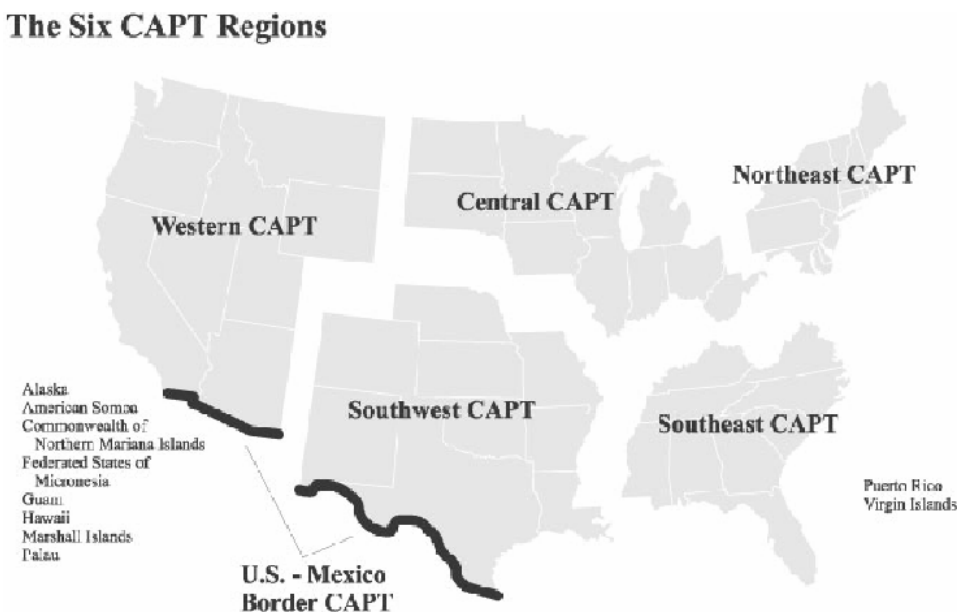
The CSAP CAPT system is a practical tool to increase the impact of this body of knowledge and experience through new channels of communication, regional and local relationships, and sensible customization and repackaging.

The CSAP CAPT system is designed to work with States/jurisdictions and local communities to apply science-based prevention research in a manner that achieves long-term systematic change. The CSAP CAPTs transfer science-based research from Federal Agencies to prevention providers through a customized, proactive application process called "technology transfer." The Federal Agencies include CSAP, SAMHSA, the National Institute on Alcohol Abuse and Alcoholism (NIAAA), the National Institute on Drug Abuse (NIDA), the Office of Juvenile Justice and Delinquency Prevention (OJJDP), the U.S. Department of Education (DoEd), and others.

CSAP CAPT Core Prevention Services

1. Repackage, transfer, and replicate science-based prevention programs.
2. Customize, repackage, and transfer scientifically defensible prevention best practices.
3. Customize, repackage, and transfer scientifically defensible prevention promising approaches.

The National CSAP CAPT Web site is *www.captus.org* and provides links to each of the individual Centers that make up the system: Northeast, Central, Western, Southeast, Southwest, and Border. The following map illustrates the CSAP CAPT system:



CSAP National Center for the Advancement of Prevention (NCAP)

NCAP is CSAP's chief program effort to identify, synthesize, and translate state-of-the-art prevention knowledge about what works in prevention into user-friendly products ready for integration into practice. (Source: *www.samhsa.gov*)

CSAP National Center for the Advancement of Prevention II (NCAP II)—A contract that enables CSAP to develop, synthesize, update, adapt, and disseminate state-of-the-art prevention knowledge about what works in prevention, for whom, and under what conditions. CSAP-NCAP II synthesizes scientific and practice-based prevention knowledge and creates useful activities and products to support decision-making by Federal, State, and community substance abuse policy makers, planners, and practitioners. It makes available knowledge-based tools, principles, and models useful for developing prevention plans, making resource allocation decisions, implementing programs, and satisfying demands for public accountability for cost-effective prevention efforts. (Source: *www.preventiondss.org* glossary section)

Center for Substance Abuse Treatment (CSAT)

As previously noted, CSAT's mandate focuses on enhancing and expanding the Nation's treatment services. Its Addiction Technology Transfer Centers (ATTC) system is in some ways complimentary to the CSAP CAPT system and is an additional resource to prevention personnel, treatment planners, and providers.

CSAT Addiction Technology Transfer Centers (ATTC)

The CSAT ATTC (*www.nattc.org*) is a nationwide, multidisciplinary resource for the treatment field that draws upon the knowledge, experience, and latest work of recognized experts in the field of addictions. Launched in 1993 by CSAT, the Network is comprised of 13 independent regional centers and a national office. Although the sizes and areas of emphasis of the individual centers may vary, each is charged, as is the Network, with three key objectives:

- Increase the knowledge and skills of addiction treatment practitioners from multiple disciplines by facilitating access to state-of-the-art research and education.
- Heighten the awareness, knowledge, and skills of all professionals who have the opportunity to intervene in the lives of people with substance use disorders.
- Foster regional and national alliances among practitioners, researchers, policy makers, funders, and consumers to support and implement best treatment practices.

In addition, five Centers of Excellence are housed within three of the 13 regional ATTCs. Web links and full contact information for all of these, as well as additional information regarding the ATTC program, is available from the National Office Web site at *www.nattc.org*.

Other Federal Agencies

HHS—Healthy People 2010

Healthy People 2010 is a set of health objectives for the Nation to achieve over the first decade of the new century. It can be used by many different people, States, communities, professional organizations, and others to help them develop programs to improve health.

Healthy People 2010 builds on initiatives pursued over the past two decades. The 1979 Surgeon General's Report, *Healthy People*, and *Healthy People 2000: National Health Promotion and Disease Prevention Objectives* both established national health objectives and served as the basis for the development of State and community plans. Like its predecessors, *Healthy People 2010* was developed through a broad consultation process, built on the best scientific knowledge and designed to measure programs over time. (Source: *www.health.gov/healthypeople/About/whatis.htm*)

Healthy People 2010 is published by the Office of Disease Prevention and Health Promotion, U.S. Department of Health and Human Services (ODPHP/DHHS). The report states two overall goals: increase quality and years of healthy life and eliminate health disparities. These are supported by 467 objectives organized within 28 main focus areas, each identifying an overall goal. Twenty-five objectives in Section 26, Substance Abuse, address alcohol and illicit drugs. Tobacco Use, covered in Section 27, offers 21 objectives regarding all tobacco products. However, other topics addressed in *Healthy People 2010* have direct bearing on substance abuse prevention as well. Objective 23-17, within Focus Area 23, Public Health Infrastructure, for example, is specific to prevention research.

Healthy People 2010 is available online at *www.health.gov/healthypeople*. A table of contents makes it possible to link to selected sections of the text and to specific health focus topics and their matching objectives. *Healthy People in Healthy Communities: A Community Planning Guide to Using Healthy People 2010* is also available at the same Web address as well as information on the 2001 Community Implementation "Micro-Grant" Pilot Program.

Office of National Drug Control Policy (ONDCP)

The principal purpose of The White House's ONDCP (*www.whitehousedrugpolicy.gov*) is to establish policies, priorities, and objectives for the Nation's drug control program, the goals of which are to reduce illicit drug use, manufacturing, and trafficking; drug-related crime and violence; and drug-related health consequences. To achieve these goals, ONDCP's director is charged with producing the National Drug Control Strategy, which directs the Nation's anti-drug efforts and establishes a program, a budget, and guidelines for cooperation among Federal, State, and local entities.

By law, ONDCP's director also evaluates, coordinates, and oversees both the international and domestic anti-drug efforts of executive branch agencies and ensures that

such efforts sustain and complement State and local anti-drug activities. The director advises the President regarding changes in the organization, management, budgeting, and personnel of Federal Agencies that could affect the Nation's anti-drug efforts and ensure Federal Agency compliance with their obligations under the Strategy.

The purpose of ONDCP is articulated in the Agency's mission, core responsibilities, and the National Drug Control Strategy (a link to this document is located at *www.whitehousedrugpolicy.gov/about/about.html*).

ONDCP is organized into eight offices, the Bureau of State and Local Affairs, and the Counterdrug Technology Assessment Center. The Drug Policy Information Clearinghouse (DPIC) supports ONDCP. A component of the National Criminal Justice Reference Service, the Clearinghouse serves as a resource for statistics, research data, and referrals useful for developing and implementing drug policy. In addition to disseminating ONDCP and the U.S. Department of Justice's Office of Justice Programs (OJP) drug-related publications, DPIC writes and produces documents on drug-related topics; coordinates with Federal, State, and local agencies to identify data resources; and maintains a reading room offering a broad range of policy-related materials.

ONDCP National Youth Anti-Drug Media Campaign

In 1998, with bipartisan support and through the united efforts of the Congress and the President, ONDCP created the National Youth Anti-Drug Media Campaign, a multi-dimensional effort designed to educate and empower youth to reject illicit drugs. The campaign's messages have become ubiquitous in the lives of America's youth and their parents. From network television advertisements to school-based educational materials, from playground basketball backboards to Internet Web sites, and from parenting skills brochures to ads in movie theaters, the campaign's messages reach Americans wherever they live, work, learn, and play. The campaign's primary Web site is *www.mediacampaign.org* and it contains the history of the campaign since its inception. Links to other resources and to other ONDCP-sponsored sites are also provided as well as sites for parents and for teens.

ONDCP-OJJDP Drug-Free Communities

In 1997, the President signed the Drug-Free Communities Act into law. Highlights of the Act are:

- Requires grants to be made to coalitions of representatives of youth; parents; businesses; the media; schools; youth organizations; law enforcement; religious or fraternal organizations; civic groups; health care professionals; State, local, or tribal governmental agencies; and other organizations.
- Requires the Director of the Office of National Drug Control Policy, in carrying out the Program, to: (1) make and track grants to grant recipients; (2) provide for technical assistance and training, data collection, and dissemination of information on state-of-the-art practices that the Director determines to be

effective in reducing substance abuse; and (3) provide for the general administration of the Program. Directs the Director to enter into contracts with national drug control agencies, including interagency agreements to delegate authority for the execution of grants and to carry out this Act. Authorizes appropriations for FY 1998 through 2002.

- Sets forth specified criteria a coalition shall meet to be eligible to receive an initial or a renewal grant. Prescribes limitations concerning: (1) grant amounts; (2) coalition awards; and (3) rural coalition grants.
- Grants the Program Administrator general auditing and data collection authority.
- Requires the minimization of reporting requirements by grant recipients.
- Establishes the Advisory Commission on Drug-Free Communities to advise, consult with, and make recommendations to the Director concerning activities carried out under the Program. Sets forth the duties of the Advisory Commission. Terminates the Advisory Commission at the end of FY 2002.

Current information, including funding opportunities, recent awards, and links to each State and Territory's Drug-Free Communities grantees via a map, is maintained at a special Drug-Free Communities Program Support Web site at *http://ojjdp.ncjrs.org/dfcs/index.html.*

Centers for Disease Control and Prevention's Office on Smoking and Health (CDC-OSH)

The Office on Smoking and Health (OSH) is a division within the National Center for Chronic Disease Prevention and Health Promotion (*www.cdc.gov/nccdphp*), one of the CDC centers.

OSH is responsible for leading and coordinating strategic efforts aimed at preventing tobacco use among youth, promoting smoking cessation, and protecting nonsmokers from environmental tobacco smoke (ETS).

OSH accomplishes these goals by expanding the science base of tobacco control, building capacity to conduct tobacco control programs, communicating information to constituents and the public, and facilitating concerted action with and among partners. The CDC-OSH Web site, *www.cdc.gov/tobacco*, contains numerous resources including "National, State and Local Tobacco Control Data—Best Practices, State System and Tobacco Control Highlights."

CDC's National Center for HIV, STD, and TB Prevention, Divisions of HIV/AIDS Prevention

As the Federal Government's lead Agency in combating HIV/AIDS, the CDC is a source of extensive data, public education material, and prevention information accessible through numerous links at *www.cdc.gov/hiv/pubs/facts.htm#Prevention*. Statistics and prevention measures relating to HIV/AIDS risks and prevalence among drug users are included.

U.S. Department of Transportation's National Highway Traffic Safety Administration (DOT's NHTSA)

The NHTSA (*www.nhtsa.dot.gov*) has lead Federal responsibility for the safety of drivers, passengers, and pedestrians on the Nation's highways. The NHTSA Office of Traffic Safety Programs Impaired Driving Division provides leadership in the prevention of alcohol/drug impaired driving and collaborates with a coalition of national and State partners in sponsoring National Drunk and Drugged Driving (3D) Prevention Month timed for the Thanksgiving–New Year holiday season each year.

Blood Alcohol Concentration, State, and Federal Law

It is illegal *per se* to drive a motor vehicle with a blood alcohol concentration (BAC) at or above a specified level in all but one State in the United States. The customary level in most States has been .10 BAC for drivers aged 21 and above. As of October 2001, 38 States, the District of Colombia, and Puerto Rico have set a lower level of .08 BAC. In a 1992 Report to Congress, NHTSA recommended that all States lower their illegal *per se* level to .08 for all drivers 21 years of age and above.

In 1998, as part of the Transportation Equity Act for the 21st Century (TEA-21), a new Federal incentive grant program was created to encourage States to adopt a .08 BAC illegal *per se* level.

Most recently, Congress passed .08 BAC as the national standard for impaired driving as part of a law providing appropriations to the U.S. Department of Transportation for fiscal year 2001 (Public Law 106-346 which incorporated HR 5394). States that do not adopt .08 BAC by October 1, 2003, would have 2 percent of certain highway construction funds withheld each year, with the penalty increasing to 8 percent by FY 2007. States adopting the standard by 2007 would be reimbursed for any lost funds. The bill was signed it into law on October 23, 2000.
(Source: State Legislative Fact Sheet: .08 BAC Illegal *Per Se* Level, at *www.nhtsa.dot.gov/people/outreach/stateleg/08BACLegFactSheet00.htm*)

Section 163 of 23 U.S.C.

Section 163 of the TEA-21 created incentive grants for States enacting and enforcing a qualifying .08 BAC illegal per se law.

To be eligible for a grant under 23 U.S.C. Section 163, a State's law must meet six basic elements:

- It must apply to all drivers.
- It must set a BAC level of no more than .08.
- It must establish driving at .08 BAC as an illegal *per se* offense.

- It must provide for primary enforcement of the law (rather than requiring probable cause that another violation had been committed before allowing enforcement of the .08 BAC law).
- It must apply to the criminal code and, in States with administrative license revocation (ALR) laws, to the ALR law as well.
- It must be deemed to be equivalent to the State's standard "driving while intoxicated" offense.

Section 163 Incentive Grant Terms

Grant funds can be used for highway safety and highway construction projects. No State matching funds are required for these grants. A total of $500 million has been authorized for this grant program: $55 million in FY 1998, $65 million in FY 1999, $80 million in FY 2000, $90 million in FY 2001, $100 million in FY 2002, and $110 million in FY 2003.

New Penalty Program

As mentioned previously, Congress passed .08 BAC as the national standard for impaired driving as part of the Transportation spending bill (October 2000). States that do not adopt .08 BAC by October 1, 2003, would have 2 percent of certain highway construction funds withheld each year, with the penalty increasing to 8 percent by FY 2007. States adopting the standard by 2007 would be reimbursed for any lost funds. The bill was signed into law on October 23, 2000.
(Source: State Legislative Fact Sheet: .08 BAC Illegal Per Se Level, at: *www.nhtsa.dot.gov/people/outreach/stateleg/08BACLegFactSheet00.htm*)

Additional information and other resources for preventing alcohol/drug impaired driving are available from your State Highway Safety Office, the NHTSA Regional Office serving your State, or from NHTSA Headquarters, Traffic Safety Programs, ATTN: NTS-11, 400 Seventh Street, SW., Washington, DC, 20590; 202-366-9588; or on NHTSA's Web site at *www.nhtsa.dot.gov*.

U.S. Department of Justice (DOJ)

The DOJ's Office of Juvenile Justice and Delinquency Prevention (OJJDP) works with the Office of National Drug Control Policy to administer the Drug-Free Communities Support Program (see *http://ojjdp.ncjrs.org/programs/drugfree.html*). Drug-Free Communities Grants fund coalitions of young people, parents, media, law enforcement, school officials, religious organizations, and other community representatives that target young people's use of alcohol, tobacco, and illicit drugs. The coalitions also encourage citizen participation in substance abuse reduction efforts and disseminate information about effective programs.

Research reports on drugs and crime are found on the National Institute of Justice (*www.ojp.usdoj.gov/nij/drugdocs2000.htm*) and National Criminal Justice Reference

Service (*http://virlib.ncjrs.org/DrugsAndCrime.asp*) sites. Statistics on drugs and crime are summarized and more detailed data are offered on the Bureau of Justice Statistics site (*www.ojp.usdoj.gov/bjs/drugs.htm*). Preventing drug abuse in families is the focus for resources for parents (*www.parentingresources.ncjrs.org/familyconcerns/substanceabuse.html*). Publications on preventing juvenile drug abuse are available on the Office of Juvenile Justice and Delinquency Prevention site (*http://ojjdp.ncjrs.org/pubs/substance.html*).

Each Drug Enforcement Administration's (DEA) field division has a special agent designated as the Demand Reduction Coordinator, whose role is to provide leadership and support to local agencies and organizations as they develop drug prevention and education programs. The DEA Demand Reduction Program (*www.usdoj.gov/dea/demand/demand.html*) stands out from other Federal Agency programs because it provides people—special agents and support staff—to promote drug prevention and education within the community (DEA Field Divisions *www.usdoj.gob/dea/agency/domestic.htm*). Related Publications are located at *www.usdoj.gov/dea/demand/pblist.htm*.

Given the frequency with which use of drugs and alcohol are linked with other serious problems addressed by Department of Justice programs, the agency's Web site at *www.usdoj.gov* should be consulted regularly. Links to topic areas such as "Youth Violence" or "Domestic Violence" can provide many resources valuable in substance abuse prevention.

U.S. Department of Education

As with other major Federal Agencies, the U.S. Department of Education (DoEd) has responsibility for numerous activities relating to substance abuse prevention interests to varying degrees. The Department's main Web site is located at *www.ed.gov*.

Two important DoEd programs are directly involved in substance abuse prevention.

Safe and Drug-Free Schools Program

The Safe and Drug-Free Schools Program (*www.ed.gov/offices/OESE/SDFS*) is the Federal Government's primary vehicle for reducing alcohol, tobacco, and illicit drug use and violence through education and prevention activities in our Nation's schools. This program is designed to prevent violence in and around schools and strengthen programs that prevent the illegal use of alcohol, tobacco, and drugs; involve parents; and coordinate related Federal, State, and community efforts and resources.

The Safe and Drug-Free Schools Program consists of two major programs:

- State Grants for Drug and Violence Prevention Programs (*www.ed.gov/legislation/ESEA/sec4011.html*), which is a formula grant program that provides funds to State and local education agencies as well as Governors for a wide range of school- and community-based education and prevention activities.

- National Programs (*www.ed.gov/legislation/ESEA/sec4121.html*), which carries out a variety of discretionary initiatives that respond to emerging needs. Among these are direct grants to school districts and communities with severe drug and violence problems, program evaluation, and information development and dissemination.

(Source: *www.ed.gov/offices/OESE/SDFS/aboutsdf.html*)

Higher Education Center for Alcohol and Other Drug Prevention

Funded by the U.S. Department of Education, the Higher Education Center (*www.edc.org/hec*) provides support to all institutions of higher education in their efforts to address alcohol and illicit drug problems. The Center also receives financial support from the Robert Wood Johnson Foundation.

DoED established the Center to provide nationwide support for campus alcohol and other drug prevention efforts. The Center works with colleges, universities, and proprietary schools throughout the country to develop strategies for changing campus culture, to foster environments that promote healthy lifestyles, and to prevent illegal alcohol and illicit drug use among students.

The Higher Education Center provides technical assistance, develops publications, and conducts training workshops. You can find out more by contacting the Higher Education Center directly at:
The Higher Education Center for Alcohol and Other Drug Prevention
Education Development Center, Inc.,
55 Chapel Street, Newton, MA 02458-1060
Phone: 1-800-676-1730
Fax: (617) 928-1537
E-mail: *HigherEdCtr@edc.org*
Web: *www.edc.org/hec/*
(Source: *www.edc.org/hec/abouthec.htm*)

National Resources

There are numerous national private sector, not-for-profit organizations offering resources and collaboration in substance abuse prevention. It would not be possible to list all of them in the space available here, nor is this selection intended to imply that those included are recommended any more than others that are not. Brief descriptions of a few of these and their Web site addresses are listed below as well as some online lists of links to similar groups and of community-based coalitions active in substance abuse prevention.

Note: Because of its unique leadership role in the Nation's substance abuse prevention efforts, detailed information about the National Prevention Network (NPN) appears separately in the first section of this document.

American Council for Drug Education (ACDE)

www.acde.org

ACDE was founded in 1977 to provide scientifically valid materials about drugs to the public. The group offers education programs, a magazine for teachers, storybooks for pre-schoolers, and operates *www.drughelp.org* as a private nonprofit referral network.

Since 1995, ACDE has been affiliated with the Phoenix House Foundation.

American Legacy Foundation (Legacy)

www.americanlegacy.org

Legacy is a national, independent, public health foundation located in Washington, DC. Legacy works with other organizations that are interested in decreasing the use of tobacco by Americans. Among Legacy's top priorities are to reduce tobacco use by young people and to support programs that help people quit smoking. Legacy also works to limit people's exposure to secondhand smoke.

Legacy's work includes a major tobacco youth prevention and education effort known as the Truth campaign. Advertising, grassroots, and promotional events and an interactive Web site allow teenagers to get the facts about tobacco use and tobacco marketing and get involved in the effort to do something about it.

Legacy also has a national grants program; provides support for State and local tobacco prevention, education, and cessation; and funds small organizations or individuals for innovative ideas that might foster future programs to reduce tobacco use.

Legacy has a research and evaluation program that is charged to fund studies and publish reports on tobacco prevention matters, including the factors that influence youth tobacco use. Legacy actively reaches out to minority communities, especially those most devastated by cigarette smoking or other tobacco use. In 2001, Legacy will establish a

national training and resource center that will provide assistance to local communities with new or established tobacco prevention programs.

American Public Health Association—Alcohol, Tobacco, and Other Drugs Section

www.northeastcapt.org/apha/ (Can also be accessed from *www.apha.org*)

The goals of the Alcohol, Tobacco, and Other Drugs (ATOD) Section of the American Public Health Association (APHA) are to (1) develop, foster, and advocate for sound research, policy, and practice in the fields of ATOD epidemiology, prevention, and treatment and (2) enhance communications concerning ATOD issues among the Section membership and between the membership, the APHA leadership, and the wider community.

The site offers downloadable newsletters, each year's program for the ATOD Section at the APHA Convention, and a "Leadership Directory" of e-mail links to active members of the ATOD Section.

Campaign for Tobacco-Free Kids

www.tobaccofreekids.org

The Campaign for Tobacco-Free Kids is the largest nongovernment initiative to protect children from tobacco addiction. This site provides recent news and information and links to sites with research data online.

Center for Science in the Public Interest (CSPI)

www.cspinet.org

CSPI is a nonprofit education and advocacy organization that focuses on improving the safety and nutritional quality of our food supply and on reducing the carnage caused by alcoholic beverages. CSPI seeks to promote health through educating the public about nutrition and alcohol; it represents citizens' interests before legislative, regulatory, and judicial bodies; and it works to ensure advances in science are used for the public good

CSPI publishes *Booze News*, an alcohol prevention policy bulletin, and frequent special-topic advocacy reports. It also hosts the "Had Enough" Web pages targeting binge drinking (*www.cspinet.org/booze/hadenough/index1.html*). The group has coordinated efforts to mount a National Media Campaign to Prevent Underage Drinking.

Center for Substance Abuse Research (CESAR)

www.cesar.umd.edu

CESAR is a research center within the College of Behavioral and Social Sciences, University of Maryland, College Park. CESAR's primary mission is to collect, analyze, and disseminate information on the nature and extent of substance abuse and related problems in Maryland and nationwide. In addition, CESAR conducts policy-relevant research on specific initiatives to prevent, treat, and control substance abuse and

evaluates prevention and treatment programs. CESAR also provides technical assistance and training to State and local government agencies. CESAR receives annual funding for many of its activities through a grant from the Governor's Office of Crime Control and Prevention.

CESAR provides four primary information services:

- The weekly CESAR FAX provides a one-page overview of a timely substance abuse topic.
- The biweekly CSAT by Fax, a joint activity of the Center for Substance Abuse Treatment (CSAT) and CESAR, provides a one-page summary of evaluations of CSAT-funded drug treatment programs.
- The CESAR Web site, *www.cesar.umd.edu*, provides substance abuse-related information.
- The CESAR Library serves as an information clearinghouse on substance abuse and related topics.

Community Anti-Drug Coalitions of America (CADCA)

www.cadca.org

CADCA's mission is to create and strengthen the capacity of new and existing coalitions to build safe, healthy, and drug-free communities. The organization supports its members with technical assistance and training, public policy, media strategies and marketing programs, conferences, and special events.

In 1992, the President's Drug Advisory Council (PDAC) encouraged the formation of CADCA to respond to the dramatic growth in the number of substance abuse coalitions and their need to share ideas, problems, and solutions. In 2001, CADCA reported about 5,000 active community coalition members.

CADCA partners with a number of significant private and public organizations. Their public partners include the Office of National Drug Control Policy, the Center for Substance Abuse Prevention, the Center for Substance Abuse Treatment, the Drug Enforcement Administration, the National Institute on Drug Abuse, the National Institute on Alcohol Abuse and Alcoholism, the Office of Juvenile Justice and Delinquency Prevention, the Safe and Drug-Free Schools and Communities Program, the National Highway Traffic Safety Administration, and the National Guard. Private partners include the American Bar Association, the Center on Addiction and Substance Abuse at Columbia University, Join Together, the National Association for Children of Alcoholics, the National Association of Drug Court Professionals, the National Crime Prevention Council, the National Family Partnership, the Partnership for a Drug-Free America, and PRIDE.

The "Meet Our Members" section of the CADCA Web site includes an ever-expanding collection of State-by-State links to Web sites maintained by member coalitions.

CADCA also publishes prevention information and training materials and holds trainings and an annual convention in Washington, DC.

Drug Strategies
www.drugstrategies.org

Drug Strategies conducts an annual review of Federal drug control spending and identifies promising prevention, education, treatment, and law enforcement programs. *Keeping Score* has become a major resource for improving understanding of the impact of Federal drug policy. In 1997, *Keeping Score* focused primarily on children and youth; in 1998, the focus was on drug problems among women. *Keeping Score, Millennium Hangover* (2000) concentrates on national efforts to address alcohol abuse.

Drug Strategies has reviewed the most widely used school drug education and violence prevention programs. *Making the Grade* and *Safe Schools, Safe Students* help school officials, teachers, and parents make informed decisions about how to spend prevention funds.

Drug Strategies has produced studies of alcohol, tobacco, and illicit drug abuse in seven States (Arizona, California, rural Indiana, Kansas, Massachusetts, Ohio, and South Carolina) and in four cities (Baltimore, Detroit, Santa Barbara, and Washington, DC). The group also offers "how-to" guides to enable other cities and States to prepare their own profiles. In North Carolina, it developed a comprehensive action plan for the Governor to address youthful substance abuse.

Drug Strategies created the Governors Leadership Council in 2000 as a forum for former Governors to share their experience with current Governors on critical drug policy choices. They are also working with regional Governors' associations to promote more effective demand reduction programs.

Elks Drug Awareness Resource Center
www.elks.org/drugs/

Since 1983, the Elks Drug Awareness Program has worked to prevent youth drug use through education. The Elks have the resources—in dollars, facilities, and volunteers—to work with the experts to ensure that young people know the facts about drugs. In addition to sponsoring seminars, workshops, and drug-free functions, the organization prints and distributes literature developed by authorities on drug awareness.

Employee Assistance Professionals Association (EAPA)
www.eap-association.com

EAPA is the largest and oldest professional associations for people in the employee assistance program field. EAPA represents more than 7,000 individuals and organizations with an interest in employee assistance in 107 chapters around the globe.

Founded in 1971, EAPA works to develop and maintain the best possible workplace relationships for people around the world. EAPA members follow professional standards and a strict code of ethics, which includes a firm commitment to protect and uphold confidentiality.

Links to EAPA chapters in several communities are included in the EAPA Web site. EAPA publications on a wide variety of employee assistance-related topics can be ordered from the site as well.

Employee Assistance Society of North America (EASNA)

www.easna.org

EASNA is an association for Employee Assistance Program (EAP) professionals and organizations. EASNA's EAP accreditation program, membership services, and professional training opportunities promote standards of employee assistance practices. EASNA is an international group of professional leaders with competencies in such specialties as workplace and family wellness, employee benefits, and organizational development.

Information about EASNA's quarterly journal, quarterly newsletter, and a directory of EASNA-accredited programs are on their Web site.

Facing Alcohol Concerns through Education (FACE® Initiative)

www.faceproject.org

FACE® is a national nonprofit organization focused on alcohol issues. It works in media development and training for the reduction of alcohol-related problems. Since its inception, FACE® has never taken State, Federal, or beverage industry funding. FACE® does not advocate prohibition as a solution to alcohol problems.

In 1989, FACE® stood for Facing Alcohol Concerns through Education. It retains this acronym because it is widely known but has added Truth and Clarity on Alcohol. In 1998, the group filed a new trademark and is now known as FACE®—Truth and Clarity on Alcohol.

FACE® concepts are focus tested in rural, urban, and suburban environments and with culturally diverse groups, including African American, Latino, and Native American individuals.

The "FACE® Community Action Kit" can be downloaded from the Web site, which also offers other information on alcohol abuse prevention and a means for ordering FACE® trainings and products. Products include full-color bookmarks, posters, and cards.

Robert Wood Johnson Foundation (RWJF) Substance Abuse Resource Center

www.rwjf.org

RWJF provides information and news about the abuse of alcohol, tobacco, and illicit drugs—the number one health problem in the United States—and efforts to prevent harm from their use.

The RWJF Substance Abuse Resource Center contains listings of RWJF-funded programs, their national program offices, media services, a lessons learned section, and Web services available. Publications of value to prevention, such as the 2001 "chart book" *Substance Abuse: The Nation's Number One Health Problem*, are also accessible from the site's Statistics and Solutions area.

To reach the RWJF Substance Abuse Resource Center from the Foundation's Web homepage, select "Resource Centers" and click on the Substance Abuse link.

Join Together

www.jointogether.org

Join Together, founded in 1991, is a national resource for communities fighting substance abuse and gun violence. A project of the Boston University School of Public Health, Join Together is funded by grants from The Robert Wood Johnson Foundation, Joyce Foundation, and David Bohnett Foundation.

Join Together Online offers a variety of services and information products designed to fulfill our mission with regard to substance abuse work. These include:

- Reports, newsletters, and community action toolkits;
- The National Leadership Fellows program, which develops, recognizes, and supports community leaders (Join Together Fellows);
- Public policy panels;
- Technical assistance designed to link people nationwide;
- Surveys that help to measure and define the community movement against substance use; and
- JTO Direct, a daily update of JT information either to your e-mail or incorporated into your Web site.

Join Together funded Fighting Back—community-partnership substance abuse prevention programs in 14 communities and a subset of these to achieve measurable change in their most important substance abuse problems.

Demand Treatment! is a recent nationwide project organized by Join Together to increase the number of people who get alcohol and drug brief interventions and quality treatment in American communities.

Marin Institute for the Prevention of Alcohol and Other Drug Problems
www.marininstitute.org

This policy-focused advocacy organization offers training and publications primarily concerned with alcohol marketing practices and counter strategies. The Marin Institute works closely with the World Health Organization as well as many groups in the United States to promote environmental prevention.

Mothers Against Drunk Driving (MADD)
www.madd.org

MADD was founded by a group of California mothers in 1980 to "look for effective solutions to drunk driving and underage drinking problems, while supporting those who have already experienced the pain of these senseless crimes."

State and local MADD chapters are accessible via the national organization's Web site.

National Alliance for Hispanic Health
www.hispanichealth.org

As the oldest and largest network of health and human service providers serving Hispanic/Latino consumers in the United States, the Alliance operates an HIV/AIDS Community Technical Assistance program funded by the CDC, and *Nuestras Voces*, a Hispanic Youth Tobacco Policy and Leadership Initiative supported by the CDC's Office of Smoking and Health. Information about these and other programs as well as Alliance publications, such as *A Primer for Cultural Proficiency: Towards Quality Health Services for Hispanics*, can be located on the Web site.

National Asian Pacific American Families Against Substance Abuse (NAPAFASA)
www.napafasa.org

NAPAFASA was founded in 1988 as a private, nonprofit membership organization addressing alcohol, tobacco, and illicit drug issues among Asian and Pacific Islander (API) populations on the continental United States, Hawaii, the six Pacific Island jurisdictions, and elsewhere. NAPAFASA involves service providers, families, and youth in efforts to reach API communities to promote health and social justice and reduce substance abuse and related problems.

Information about recent NAPAFASA activities and services, conferences, and funding news are on their Web site.

National Association for Children of Alcoholics (NACoA)
www.nacoa.org

NACoA is a national nonprofit membership organization working on behalf of children of alcohol and drug dependent parents. NACoA's mission is to advocate for all children and families affected by alcoholism and other drug dependencies through awareness raising, public policy, advocacy for education and prevention services, and advancing professional knowledge and understanding.

NACoA has affiliate organizations throughout the country and Great Britain; publishes a bi-monthly newsletter; distributes videos, booklets, posters, and other educational materials; mails information packets; and maintains a toll-free phone line, 1-888-55-4COAS.

National Association of Drug Court Professionals (NADCP)
www.nadcp.org

NADCP seeks to reduce substance abuse, crime, and recidivism by promoting and advocating for the establishment and funding of drug courts and providing for collection and dissemination of information, technical assistance, and mutual support to association members.

The NADCP Web site offers a downloadable "Resource and Funding Guide" to help communities seeking to establish drug courts and identify Federal, State, and local monies available for the purpose.

National Association of Lesbian & Gay Addiction Professionals (NALGAP)
www.nalgap.org

NALGAP is a membership organization founded in 1979 dedicated to the prevention and treatment of alcoholism, substance abuse, and other addictions in lesbian/gay/bisexual/transgender communities. NALGAP's mission is to confront homophobia and heterosexism in the delivery of services to LGBT people and to advocate for LGBT-affirming programs and services. NALGAP provides information, training, networking and advocacy, and support for addiction professionals, individuals in recovery, and others concerned about LGBT health.

NALGAP organizes LGBT substance abuse sessions at the annual conference of the Association for Addiction Professionals (formerly the National Association of Alcoholism and Drug Abuse Counselors). The group provided input into CSAP's Substance Abuse Resource Guide on LGBTs, the CSAP Provider's Introduction to treatment for this population, and the LGBT Companion Document to *Healthy People 2010*. Links to these and additional resources are included on the Web site.

National Association of State Alcohol and Drug Abuse Directors (NASADAD) and National Prevention Network

www.nasadad.org

NASADAD is a private, not-for-profit educational, scientific, and informational organization originally incorporated in 1971 to serve State Drug Agency Directors and expanded in 1978 to include State Alcoholism Agency Directors.

NASADAD's basic purpose is to foster and support the development of effective alcohol and illicit drug abuse prevention and treatment programs throughout every State. The Washington, DC, office is headed by an executive director and includes divisions for criminal justice programs, research and program applications, public policy, and management information systems. The office is headquartered at 808 17th Street, NW., Suite 410, Washington, DC, 20006, (202) 293-0090.

NASADAD also serves as the administrative home for the National Prevention Network (NPN) and includes NPN news and information on its Web site. NPN, an organization of State alcohol and other drug abuse prevention representatives, is a component of NASADAD, and provides a national advocacy and communication system for prevention. State prevention representatives work with their respective State agency directors for alcohol and other drug abuse to ensure the provision of high quality and effective alcohol, tobacco, and illicit drug abuse prevention services in each State. NPN, in collaboration with the NASADAD Prevention Committee and staff, implements its mission at the national level. For more information on NPN, please see the first section in this paper.

National Association on Alcohol, Drugs & Disability (NAADD)

www.naadd.org

NAADD promotes awareness and education about substance abuse among people with co-existing disabilities. The mission of NAADD is to create public awareness of issues related to alcoholism, drug addiction, and substance abuse faced by people with other co-existing disabilities and to provide a peer approach to enhance access to services, information, education, and prevention through the collaborative efforts of interested individuals and organizations nationwide.

National Black Alcoholism and Addictions Council (NBAC)

www.borg.com/~nbac/

NBAC was established in 1978 as a means for blacks interested in combating alcoholism to exchange ideas, provide services, and coordinate and facilitate programs operating in the interests of black Americans. The group encourages prevention and treatment efforts by government and private groups and supports a process for black scholars, addictions professionals, religious leaders, consumers, and human service providers to interact in pursuit of solving community problems associated with alcoholism/addictions and substance abuse.

National Black Child Development Institute (NBCDI)
www.nbcdi.org

Since 1970, NBCDI, a nonprofit organization, has provided and supported programs, workshops, and resources for African American children, their parents, and communities in early health education, elementary and secondary health education, child welfare, and parenting.

Details regarding NBCDI's *The Spirit of Excellence: Parenting Empowerment Project* conference announcements and other resources are housed within the NBCDI Web site.

National Center on Addiction and Substance Abuse at Columbia University (CASA)
www.casacolumbia.org

The CASA mission is to:

- Inform Americans of the economic and social costs of substance abuse and its impact on their lives.
- Assess what works in prevention, treatment, and law enforcement.
- Encourage every individual and institution to take responsibility to combat substance abuse and addiction.
- Provide those on the front lines with the tools they need to succeed.
- Remove the stigma of abuse and replace shame and despair with hope.

CASA convenes meetings; publishes reports, surveys, and other documents; and advocates through media for prevention and policies relating to substance abuse problems.

National Council on Alcoholism and Drug Dependence, Inc. (NCADD)
www.ncadd.org

NCADD was founded in 1946 to fight the stigma and the disease of alcoholism and other drug addictions and refer those in need to available resources. NCADD's Web site provides objective information, statistics, facts, referral, and advocacy as well as highlights awareness and prevention programs and campaigns.

There are NCADD affiliates in many communities. A directory, including e-mail contacts, is included on the Web site. These affiliates and many other State and local organizations participate in the observance of NCADD's traditional April-Alcohol Awareness Month Campaign and Alcohol-Free Weekend.

National Families in Action (NFIA)
www.nationalfamilies.org

NFIA was founded in Atlanta, GA, in 1977. Its mission is to help families and communities prevent drug use among children by promoting policies based on science.

The NFIA Web site includes the group's "Guide to the Drug-Prevention Movement," "Guide to the Drug-Legalization Movement," "Guide to Drug-Related State-Ballot Initiatives," and many substance-specific fact sheets about the effects of each drug on the brain. The site also offers the NFIA Drug Abuse Update digest.

National Family Partnership (NFP)
www.nfp.org

NFP is best known for the annual Red Ribbon Campaign it has coordinated since 1986. The NFP national office serves as a resource for parents and for its partners and offers prevention materials, parent information, and networking opportunities. The national office also offers technical assistance to community groups through its many partners.

The Red Ribbon Celebration is an awareness campaign. Each year, Americans support NFP's mission by wearing red ribbons. And every year, young people across the country send red ribbons to the President of the United States with their personal messages and pleas for healthy, safe, drug-free lives and communities.

State and local NFP groups can be located via the NFP Web site.

National Inhalant Prevention Coalition (NIPC)
www.inhalants.org

NIPC coordinates National Inhalants and Poisons Awareness Week each spring, often in collaboration with Federal partners. The NIPC Web site contains facts about inhalant abuse in English and Spanish.

National Organization on Fetal Alcohol Syndrome (NOFAS)
www.nofas.org

NOFAS is nonprofit organization founded in 1990 and dedicated to eliminating birth defects caused by alcohol consumption during pregnancy and improving the quality of life for those individuals and families affected. NOFAS, the only national organization focusing solely on fetal alcohol syndrome (FAS), piloted many of its programs in Native American communities and takes a multicultural approach to prevention and healing.

The NOFAS mission is to raise public awareness of FAS—the leading known cause of mental retardation—and to develop and implement innovative ideas in prevention, intervention, education, and advocacy in communities throughout the Nation.

NOFAS focuses on the following program areas: national and community-based public awareness campaigns, a curriculum for medical and allied health students, training workshops and seminars for professional and lay audiences, youth outreach and peer education initiatives, and the NOFAS information, resource, and referral clearinghouse.

National Prevention Network (NPN)—See separate section on pages 2–4 and under the listing for the National Association of State Alcohol and Drug Abuse Directors (NASADAD).

National PTA's Common Sense
www.pta.org/commonsense

Common Sense: Strategies for Raising Alcohol- and Drug-Free Children focuses on four specific parenting strategies: learning the facts about alcohol and other drugs, setting clear limits for children, providing positive role models, and building strong bonds within the family and school.

Common Sense provides parents, caregivers, and PTA or community leaders with effective and easy-to-use ideas and materials. Many excellent resources are offered on their Web site.

National Women's Health Resource Center (NWHRC)
www.healthywomen.org

Since the late 1980s, NWHRC has provided women with information and education about the health topics that concern them the most. The nonprofit organization, dedicated to helping women make informed decisions about their health, encourages women to embrace healthy lifestyles to promote wellness and prevent disease. Information provided is supported by an advisory council comprised of leading medical and health experts.

The NWHRC Web site offers an extensive alphabetical listing of health topics, such as HIV/AIDS, substance abuse, violence against women, etc., that provide science-based information on their topics. Each section includes a link to the source reference documents used for developing the topic materials.

Parents' Resource Institute for Drug Education, Inc. (PRIDE)
www.prideusa.org

Founded in 1977, PRIDE's major programs include the PRIDE Survey (student drug use and violence questionnaires), the Annual PRIDE World Drug Conference, and the PRIDE Youth training programs (America's PRIDE, Club PRIDE, and PRIDE Pals).

The *prideusa.org* Web site is a referral page, describing the organization, and directing users to two other sites: *www.pridesurveys.com* and *www.prideyouth.com*. The first

reports findings of the annual PRIDE Surveys, while *prideyouth.com* offers information on other PRIDE programs and the group's annual PRIDE World Drug Conference.

Partnership for a Drug-Free America (PDFA)
www.drugfreeamerica.org

Established in 1987, PDFA is a nonprofit coalition of professionals from the communications industry whose mission is to help teens reject substance abuse. Through its national anti-drug advertising campaign and other forms of media communication, the Partnership works to decrease demand for drugs and other substances by changing societal attitudes that support, tolerate, or condone drug use.

The PDFA site provides information on its State/city alliances and links to alliances in every State.

Partnership for Prevention (PFP)
www.prevent.org

An alliance of private organizations, Partnership for Prevention members include employers, health-related professional and trade associations, universities and academic health centers, nonprofit policy and research institutions, health plans, and State health departments. The organization seeks to coordinate and focus the efforts of members to make prevention a visible and viable means to improve the Nation's health.

Visitors to the PFP Web site can subscribe to *Priorities in Prevention*, available via e-mail, which contains issue briefs addressing prevention topics. Printed and electronic reports are also available as well as additional information about the group's prevention advocacy activities.

Remove Intoxicated Drivers (RID)
www.rid-usa.org

RID was formed in 1978 to deter alcohol impaired driving and teen binge drinking. The organization, including independent chapters and coordinators in 41 States, supports lowering of BACs and other policy measures. The group publishes a newsletter. Contact information is available on their Web site.

Society for Prevention Research
www.preventionresearch.org

The Society for Prevention Research is a professional organization focused on the advancement of science-based prevention programs and policies through empirical research. The organization's members include scientists, practitioners, advocates, administrators, and policy makers. The group holds an annual meeting and publishes the journal *Prevention Science.*

Substance Abuse Librarians and Information Specialists (SALIS)
www.salis.org

SALIS is an international association of individuals and organizations with special interests in the exchange and dissemination of alcohol, tobacco, and other drug information, created in 1978 with assistance from the U.S. National Institute on Drug Abuse (NIDA) and the National Institute on Alcohol Abuse and Alcoholism (NIAAA). In 1986, Librarians and Information Specialists in Addictions (LISA), the Canadian counterpart, merged with SALIS. SALIS collaborates on the CSAP RADAR Network and NIAAA-CSAP Alcohol and Other Drug Thesaurus project.

SALIS holds an annual conference of professional education and skill-building sessions, publishes a quarterly newsletter, and maintains a members-only listserve facilitating rapid exchanges of substance abuse information.

The SALIS Web site resources section includes *How to Organize and Operate an Information Center on Alcohol, Tobacco, and Other Drugs: A Guide*, edited by Virginia Rolett, M.L.S., and Jean Kinney, M.S.W. The Guide is a collaborative effort of CSAP, SALIS, and the Canadian Centre on Substance Abuse, coordinated by the Project Cork Institute. Developed in 1995, the Guide was never published but was made available on the SALIS Web site in 2001.

The Trauma Foundation
www.tf.org

The Trauma Foundation at San Francisco General Hospital began in the mid-1970s and offers national leadership in injury prevention. The "alcohol" link on its Web site leads to the group's goals in alcohol prevention: increased pricing, limits on youth-targeted marketing, and limits on alcohol outlet density. Published reports are accessible through the site, including case histories of several community-based alcohol prevention projects, such as the reclaiming of Cinco de Mayo and Maryland's grassroots efforts to reduce underage drinking.

The Trauma Foundation also operates the Center on Alcohol Advertising, *www.tf.org/tf/alcohol2.html.* Center activities have included the Hands Off Halloween campaign to counter the Halloween promotion of alcohol beverages.

White Bison
www.whitebison.org

The vision of White Bison is to bring 100 Indian Communities into sobriety and wellness by the year 2010. The Wellbriety Movement was conceived over 10 years ago in an effort to bring the message of sobriety and physical, mental, emotional, and spiritual wellness to Native American communities. This message also encourages people to recover their ancient traditions, teachings, and ceremonies. White Bison also provides

programs and resources to develop treatment, prevention, recovery, and intervention strategies that will lead to both sobriety and wellness.

Working Partners for an Alcohol- and Drug-Free Workplace

www.dol.gov/dol/workingpartners.htm

The U.S. Department of Labor (DOL) established Working Partners for an Alcohol- and Drug-Free American Workplace in an effort to raise awareness about the impact of substance abuse in the workplace, especially among small businesses.

Working Partners has facts and figures about alcohol and drug abuse and information on how to establish an alcohol- and drug-free workplace. In addition, Working Partners offers a kit of industry-specific materials designed to help small businesses understand how substance abuse impacts workplace safety and productivity. DOL's Working Partners also features the fully searchable Substance Abuse Information Database (SAID), which contains hundreds of reports, studies, and surveys that relate to workplace substance abuse. Summaries of laws and regulations also are included in SAID.

Colleges and Universities

A section of the Higher Education Center's Web site (*www.edc.org/hec*) called "What Campuses Are Doing" includes links to colleges and universities providing various types of substance abuse programs and services, grouped within categories:

- *www.oslc.org/rellinks99.html* lists NIAAA- and NIDA-funded prevention research centers as well as other good links for prevention research.
- *www.prev.org/* is the Web site of the Prevention Resource Center in Berkeley, CA, a project of the Pacific Institute for Research and Evaluation.
- *www.uky.edu/RGS/PreventionResearch/* is the online resource for the Center for Prevention Research at the University of Kentucky.
- *www.ria.buffalo.edu* is maintained by the Research Institute on Addictions located at the State University of New York in Buffalo.
- *www.usc.edu/hsc/medicine/preventive_med/ipr/* is a Web site operated by the Institute for Health Promotion and Disease Prevention Research, University of Southern California School of Medicine, Los Angeles.
- *depts.Washington.edu/sdrg/* is the Web address for the University of Washington's Social Development Research Group, directed by J. David Hawkins, Ph.D.
- *CSAP's CAPTs (www.captus.org*) also provide links to university-based substance abuse research centers.

At *www.edc.org/hec/* a "Hot Links" option leads to the Department of Education's Higher Education Center's extensive alphabetical links list. Included are many college/university-based substance abuse research projects.

Data Sources

States and communities frequently need up-to-date and accurate statistics and other reliable data about various aspects of substance use, abuse, prevention and treatment, and influence on other health and social problems. Data are used in the development of budgets and funding proposals, to inform decision makers and the public about both alcohol, tobacco, and drug problems and progress made in combating them, and in working with media.

A great deal of substance abuse data is collected within communities and States, although the particular sources and data collecting methods and instruments vary from place to place. This section looks primarily at those nationwide data sources from both government and nongovernment sources most often referenced in the day-to-day work of substance abuse prevention at every level—local, State, regional, national.

A complete list of data sources is available on the CSAP Prevention DSS Web site (*www.preventiondss.org*) under "Assess Needs."

National Household Survey on Drug Abuse (NHSDA)

www.samhsa.gov/oas/nhsda.htm

SAMHSA's NHSDA is the primary source of information on the prevalence, patterns, and consequences of drug and alcohol use and abuse in the general U.S. civilian noninstitutionalized population, ages 12 and older. It is conducted by SAMHSA's Office of Applied Studies (OAS). Occasionally, OAS produces methodology reports, detailed tables, and other NHSDA reports that are available only on the Web.

National Household Survey on Drug Abuse (NHSDA) Reports:

- Summary of findings—contains prevalence, demographics, correlates, perceived harmfulness, and other measures of alcohol, tobacco, nonmedical use of psychotherapeutics, and illicit drug use.
- Population estimates—provides estimates of rates and number of users for drug types by gender, race/ethnicity, and region.
- Main findings—provides expanded analysis of drug use.

Special NHSDA Studies present statistics on such topics as mental health, drug use and driving, workplace policies, and drug use by racial and ethnic groups.

Analytic Series Reports address special topics relating to alcohol, drug abuse, and mental health. The Analytic Series generally provides data from outcome and other special studies, secondary analysis of multiple data sources, or more indepth analysis of the data presented in the standard annual reports in the other Office of Applied Studies publication series.

NHSDA Methodology provides background technical information on the survey.

Traditionally, preliminary highlights of the preceding year's NHSDA are announced at a press event in Washington in late summer. The CSAP-NPN *Prevention Works!* communication training materials include a Rapid Response Advisory NHSDA packet of news releases, fact sheets, etc., to assist NPN in meeting the needs of media, decision makers, and prevention organizers in their States.

Drug Abuse Warning Network (DAWN)

www.samhsa.gov/oas/dawn.htm

DAWN is an ongoing drug abuse data collection system sponsored by SAMHSA's Office of Applied Studies. DAWN collects data from two types of respondents: (1) hospital emergency departments (EDs) and (2) medical examiners (MEs). The DAWN ED component relies on a nationally representative sample of hospital EDs to produce information on the number and characteristics of drug abuse-related visits to such EDs in the coterminous United States and in 21 metropolitan areas. The DAWN ME component produces information on drug abuse-related deaths, based on reports from participating medical examiners. DAWN cases (drug-related ED visits or deaths) include detailed information about the abuse of illegal drugs or legal substances when used for nonmedical purposes.

Special DAWN reports, such as the *DAWN Report on Major Drugs* and the *Dawn Report on Club Drugs*, can be accessed through this Web site, along with each of the main DAWN reports themselves.

Treatment Episode Data Set (TEDS)

www.samhsa.gov/oas/dasis.htm#teds2

TEDS is a compilation of data on the demographic and substance abuse characteristics of admissions to substance abuse treatment. Information on treatment admissions is routinely collected by State administrative systems and then submitted to SAMHSA in a standard format.

National Survey of Substance Abuse Treatment Services (N-SSATS)

www.samhsa.gov/oas/dasis.htm#nssats2

The National Survey of Substance Abuse Treatment Services (N-SSATS) is an annual survey of all facilities in the Inventory of Substance Abuse Treatment Services (I-SATS), which collects information on location, characteristics, services offered, and utilization. Information from the N-SSATS is used to compile and update the National Directory of Drug and Alcohol Abuse Treatment Programs and the online Substance Abuse Treatment Facility Locator. The N-SSATS includes a periodic survey of substance abuse treatment in adult and juvenile correctional facilities. (see also Uniform Facility Data Set, UFDS)

Monitoring the Future (MTF)

www.monitoringthefuture.org

Monitoring the Future is an ongoing study of the behaviors, attitudes, and values of American secondary school students, college students, and young adults. Each year, a total of some 50,000 8th, 10th, and 12th grade students are surveyed (12th graders since 1975, and 8th and 10th graders since 1991). In addition, annual followup questionnaires are mailed to a sample of each graduating class for a number of years after their initial participation.

The Monitoring the Future Study is funded by research grants from the National Institute on Drug Abuse, a part of the National Institutes of Health. MTF is conducted at the Survey Research Center in the Institute for Social Research at the University of Michigan.

The results of the study are useful to policy makers at all levels of government, for example, to monitor progress toward Goal 7 (safe, disciplined, and alcohol- and drug-free schools) of the Goals 2000 National Education Goals, as well as toward national health goals. Study results are also used to monitor trends in substance use and abuse among adolescents and young adults and are used routinely in the White House Strategy on Drug Abuse.

The CSAP-NPN *Prevention Works!* communication training materials include Rapid Response Advisory MTF packet of news releases, fact sheets, etc., to assist NPN in meeting the needs of media, decision makers, and prevention organizers in their States.

Uniform Facility Data Set

www.icpsr.umich.edu/SAMHDA/ufds.html

The Uniform Facility Data Set (UFDS), formerly the National Drug and Alcohol Treatment Unit Survey, was designed to measure the scope and use of drug abuse treatment services in the United States. Facility-level data are collected annually from all privately- and publicly-funded substance abuse treatment facilities in the country as well as from State-identified facilities providing other substance abuse services. The data produced through the UFDS are used to assist in the forecast of treatment requirements, to analyze treatment service trends, and to conduct comparative analyses of national, regional, and State-level treatment services and treatment utilization. This information is also used to generate the National Directory of Drug and Alcohol Abuse Treatment Programs and the Substance Abuse Treatment Facility Locator. The UFDS has been administered since 1995.

UFDS is sponsored by the Office of Applied Studies at the Substance Abuse and Mental Health Services Administration.

Fatality Analysis Reporting System (FARS)

www-nrd.nhtsa.dot.gov/departments/nrd-01/summaries/fars

The National Highway Traffic Safety Administration has a cooperative agreement with an agency in each State government to provide information in a standard format on fatal crashes in the State. Data are collected, coded, and submitted into a micro-computer data system and transmitted to Washington, DC. Quarterly files are produced for analytical purposes to study trends and evaluate the effectiveness highway safety programs.

FARS contains data on a census of fatal traffic crashes within the 50 States, the District of Columbia, and Puerto Rico. To be included in FARS, a crash must involve a motor vehicle traveling on a traffic way customarily open to the public and result in the death of a person (occupant of a vehicle or a non-occupant) within 30 days of the crash. FARS has been operational since 1975 and has collected information on over 989,451 motor vehicle fatalities and collects information on over 100 different coded data elements that characterize the crash, the vehicle, and the people involved.

Youth Risk Behavior Surveillance System (YRBSS)

www.cdc.gov/nccdphp/dash/yrbs

CDC's National Center for Chronic Disease Prevention and Health Promotion operates the Youth Risk Behavior Surveillance System (YRBSS) in collaboration with Federal, State, and private-sector partners. This voluntary system includes a national survey and surveys conducted by State and local education and health agencies. For the 1999 YRBSS, 42 States, 4 territories, and 16 U.S. cities participated.

YRBSS measures tobacco use; unhealthy dietary behaviors; inadequate physical activity; alcohol and other drug use; sexual behaviors that may result in HIV infection, other sexually transmitted diseases, and unintended pregnancies; and behaviors that may result in violence and unintentional injuries (motor vehicle crashes).

YRBSS determine prevalence and age of initiation of health risk behaviors; assess whether health risk behaviors increase, decrease, or remain constant; examine co-occurrence of health risk behaviors in youth; provide comparable national, State, and local data; and monitor progress toward *Healthy People 2010* objectives, leading health indicators, and the National Education Goals.

Individual State YRBSS information can be found through the State's Health Department in most States. The CDC Web site includes a search feature for these at *www.cdc.gov/search2.htm*.

Youth Tobacco Survey (YTS)

www.cdc.gov/tobacco/research_data/youth/ytsfactsheet.pdf

In the year 2000, more than 25 States were included in CDC's Youth Tobacco Survey (YTS). The YTS was designed to enhance the capacity of States to design, implement, and evaluate comprehensive tobacco control programs.

CDC also offers ongoing technical assistance relating to the YTS via teleconference, e-mail, and its project officers. The survey is composed of 58 State-approved questions about seven topics:

- Prevalence of tobacco use among young people
- Tobacco-related knowledge and attitudes among young people
- Role of the media and advertising in young people's use of tobacco
- Minor's access to tobacco
- Tobacco-related school curriculum
- Environmental tobacco smoke (ETS)
- Cessation of tobacco use

Contact information for each participating State agency is included in the YTS Fact Sheet available at the CDC tobacco Web site.

Communities That Care Youth Survey (CTC)

www.drp.org/survey/survey.html

The CTC Youth Survey was developed by J. David Hawkins, Ph.D., and Richard F. Catalano, Ph.D., and is now used by several States. Its use has been endorsed by CSAP, DHHS, DoEd's Safe and Drug-Free Schools Program, and the U.S. Office of Management and Budget.

The CTC Youth Survey—for students in grades 6 through 12—measures prevalence rates and identifies problem behaviors by measuring risk and protective factors that affect a community's adolescent population. The CTC Youth Survey offers a way to understand why these problem behaviors occur and what can be done in communities to prevent them.

State Alcohol and Drug Abuse Agencies Online

There are two methods for connecting with each State's agency responsible for substance abuse prevention and treatment services. One method is through the CSAP Decision Support System (*www.preventiondss.org*) by selecting the State Systems option at the upper left side of the homepage. This opens a drop-down menu of States and jurisdictions linking to the individual Web sites. Some, such as the Washington State Division of Alcohol and Substance Abuse (WSDASA), have already developed their own DSS portal pages of resources.

Another method is via *www.nasadad.org* and its "Visit Members on the Web" section of State links.

Within these State Web pages can be found many kinds of valuable, State-generated surveys, studies, other data, and links to programs and services. In Iowa, for example, the Division of Health Promotion, Prevention, and Addictive Behaviors of the Iowa Department of Public Health, offers *Healthy Iowans 2010*, Iowa's Youth Survey, and the Iowa Adult Household Survey of Substance Use and Treatment Needs. The site also has links to such key resources as the State's Substance Abuse Licensing and Support Services, and to Iowa's Bureau of Health Promotion and Public Health Nutrition Directives.

Other State agencies can also be sources of information of direct benefit to substance abuse prevention interests. The Massachusetts Department of Education's Web site (*www.doe.mass.edu*), for example, houses particulars about and findings from that State's Youth Risk Behavior Survey conducted annually in collaboration with the CDC. Moreover, in States like California, information important to tobacco prevention is found at tobacco-specific sites. In California's case, this is available through the California Department of Health Services' Tobacco Control Sections (*www.dhs.ca.gov/tobacco*), which includes access to valuable data from evaluations of the State's anti-smoking public education campaigns.

Other Data Sources

In addition to the numerous government data sources, national private sector organizations also report substance abuse data based on their own surveying and data analysis techniques, or by producing new analysis of government data. These data sources include (but are not limited to):

CADCA—Community Anti-Drug Coalitions of America
www.cadca.org

CASA—National Center on Alcohol and Substance Abuse at Columbia University
www.casacolumbia.org

PRIDE—Parents' Resource Institute for Drug Education
www.pridesurveys.com

RWJF—Robert Wood Johnson Foundation
www.rwjf.org

Funding and Funding Sources

The earlier section on "Prevention Leadership and Collaboration at Federal or National Level" includes detailed information about some of the major sources of Federal funding in substance abuse prevention available to States and communities. Typing the word "funding" in the search feature of the CSAP DSS at *www.preventiondss.org* is one easy way to link to current government and private grant sources and announcements.

What follows here is a quick reference to the current World Wide Web sites where information about key Federal substance abuse prevention funding information can be found.

U.S. Department of Health and Human Services

SAMHSA Funding Opportunities (CSAP, CSAT, CMHS)
www.samhsa.gov/grants/grants.html

Centers for Disease Control and Prevention
www.cdc.gov/funding.htm

National Institute on Drug Abuse/National Institutes of Health
www.nida.nih.gov/Funding.html

National Institute on Alcohol Abuse and Alcoholism/National Institutes of Health
www.niaaa.nih.gov/extramural/program.htm

Indian Health Service
www.ihs.gov
(*Note*: Site does not currently have a separate funding information area; such information is located by searching other sections.)

U.S. Department of Education

DoEd
www.ed.gov/funding.html

U.S. Department of Education—Safe & Drug-Free Schools
www.ed.gov/offices/OESE/SDFS/grants.html

U.S. Department of Education—Higher Education Programs
www.ed.gov/offices/OPE/HEP/

U.S. Department of Justice—Office of Justice Programs

DOJ/OJP
www.ojp.usdoj.gov/ocpa/ataglance/

U.S. Department of Justice—Office of Juvenile Justice and Delinquency Prevention
www.ojjdp.ncjrs.org/grants/grants.html

U.S. Department of Justice-Office of Justice Programs—Bureau of Justice Assistance
www.ojp.usdoj.gov/BJA/html/fund1.html

U.S. Department of Justice—National Institute of Justice
www.ojp.usdoj.gov/nij/funding.htm

U.S. Department of Justice-Office of Justice Programs—Weed and Seed Program
www.ojp.usdoj.gov/eows/funding.htm

U.S. Department of Transportation—National Highway Traffic Safety Administration

DOT/NHTSA
www.nhtsa.dot.gov/nhtsa/whatsup/tea21/tea21programs/index.html

U.S. Department of Housing and Urban Development

HUD
www.hud.gov/grants/index.cfm

Note: See also the HUD Initiatives pages: *www.hud.gov/initiatives/index.cfm*

White House Office of National Drug Control Policy

ONDCP
www.whitehousedrugpolicy.gov/funding/funding.html

Foundations

Many foundations support substance abuse prevention activities, either through direct funding or by developing prevention guidelines, models, trainings, and educational materials of their own. CSAP's DSS provides hyperlinks to several of these within its "Develop Capacity" section at *www.preventiondss.org*.

A subscription newsletter, *Substance Abuse Funding News*, is published semi-monthly, reporting new public and private funding opportunities together with contact information. Archived indexes of current and past issues and selected reports as "Grant Tips" can be found at *www.cdpublications.com*.

Join Together Online, sponsored by the Robert Wood Johnson Foundation, offers an online set of links to various funding sources at *www.jointogether.org/sa*, including a folder containing links to more than 1,000 foundations.

Other journals and newsletters about substance abuse and mental health often include funding news. One list of many of these publications, from both government and nongovernment sources, is included in the University of Washington's Alcohol and Drug Abuse Institute's (ADAI's) Library Web pages and can be used by choosing "Journals & Newsletters" at *www.depts.washington.edu/adai/links/catindex.htm*. Selecting the underlined "Funding" link that appears at the top of the ADAI's pages also produces a list of links to several foundations and other support sources.

An international nonprofit organization—Action Without Borders, Inc., at *www.idealist.org*—makes it possible to access the sites of more than 23,000 organizations worldwide. Included is a State-by-State links section. From this, users can select a list of links to "Foundations and Fund Raising Coalitions," within any given State. In the summer of 2001, this process yielded 21 such Web sites in Florida and 84 for California, suggesting the large number of possibilities within this one Web collection.

Glossary

Like every discipline, substance abuse prevention has developed its own language. Although there is not yet universal agreement within the broad prevention field about specific terms and labels, CSAP and NPN have contributed to progress toward a standardized frame of reference.

At *www.preventiondss.org*, select "Glossary" for CSAP's current listing of frequently used words and terminology for substance abuse prevention.

Acronyms

Many organizations and agencies are concerned with alcohol, tobacco, and illicit drug use prevention. Also, a great deal of legislation has been directed at responding to alcohol, tobacco, and illicit drug issues. Agencies and legislation are often referred to by acronyms. The following list of commonly used acronyms can help prevention practitioners decipher the "alphabet soup" of the alcohol, tobacco, and illicit drug prevention field.

AA	Alcoholics Anonymous
AACD	American Association for Counseling and Development
AAFS	African American Family Services
AAMFT	American Association for Marriage and Family Therapy
ABA	American Bar Association
ACA	American Council on Alcoholism
ACAP	American Council on Alcohol Problems
ACCA	American College Counseling Association
ACF	Administration for Children and Families
ACHA	American College Health Association
ACDE	American Council for Drug Education
ACoA	Adult Children of Alcoholics
ACOG	American College of Obstetrics and Gynecology
ACPA	American College Personnel Association
ADA	Americans with Disabilities Act
ADPA	Alcohol and Drug Problems Association of North America
AHA	American Hospital Association
AI	Advocacy Institute
ALF	American Liver Foundation
ALA	American Lung Association
AMA	American Medical Association
AMERSA	Association of Medical Education and Research in Substance Abuse
AMHCA	American Mental Health Counselors Association
AMSA	American Medical Student Association
AMSAODD	American Medical Society on Alcoholism and Other Drug Dependencies
ANA	Administration for Native Americans

APA	American Psychiatric Association
APA	American Psychological Association
APHA	American Public Health Association
ASAM	American Society of Addiction Medicine, Inc.
ASCA	American School Counselor Association
ATID	Alcohol, Tobacco, and Illicit Drugs
AYWC	American Youth Work Center
BAC	Blood Alcohol Concentration
BADD	Business Against Drunk Drivers
BATF	Bureau of Alcohol, Tobacco, and Firearms
BCA	Boys Clubs of America
BSA	Boy Scouts of America
BIA	Bureau of Indian Affairs
CADCA	Community Anti-Drug Coalitions of America
CAPT	Center for the Application of Prevention Technology
CASA	Center on Addiction and Substance Abuse
CDC	Centers for Disease Control and Prevention
CESAR	Center for Substance Abuse Research
CMHS	Center for Mental Health Services
COA	Children of Alcoholics
COAF	Children of Alcoholics Foundation
COSSMHO	National Coalition of Hispanic Health and Human Services Organizations
CSAP	Center for Substance Abuse Prevention
CSAT	Center for Substance Abuse Treatment
CSPI	Center for Science in the Public Interest
DARE	Drug Abuse Resistance Education
DAWN	Drug Abuse Warning Network
DDRP	Drug Demand Reduction Program
DEA	Drug Enforcement Administration
DFSCA	Drug-Free Schools and Communities Act
DHHS	Department of Health and Human Services
DOD	Department of Defense
DoEd	Department of Education
DOJ	Department of Justice
DOL	Department of Labor
DOT	Department of Transportation
DUI	Driving Under the Influence
DWI	Driving While Intoxicated
EAPA	Employee Assistance Professionals Association
EASNA	Employee Assistance Society of North America
EIC	Entertainment Industries Council, Inc.
FACE®	Facing Alcohol Concerns through Education
FARS	Fatality Analysis Reporting System
FBI	Federal Bureau of Investigation
FDA	Food and Drug Administration
FGP	Foster Grandparents Program

GFWC	General Federation of Women's Clubs
GSUSA	Girl Scouts of the U.S.A.
HUD	Department of Housing and Urban Development
ICAA	International Council on Alcohol and Addictions
ICPA	International Commission for the Prevention of Alcoholism and Drug Dependency
IHS	Indian Health Service
MADD	Mothers Against Drunk Driving
MTF	Monitoring the Future
NAADD	National Association on Alcohol, Drugs & Disability
NAADAC	National Association of Alcoholism and Drug Abuse Counselors
NABSW	National Association of Black Social Workers
NAC	National AIDS Clearinghouse
NACoA	National Association for Children of Alcoholics
NACOP	National Association of Chiefs of Police
NADAP	National Association on Drug Abuse Problems, Inc.
NADCP	National Association of Drug Court Professionals
NALGAP	National Association of Lesbian/Gay Addiction Professionals
NAN	National Association of Neighborhoods
NANACOA	National Association for Native American Children of Alcoholics
NAPAFASA	National Asian Pacific American Families Against Substance Abuse, Inc.
NAPARE	National Association for Perinatal Addiction Research and Education
NAPPA	National Association of Prevention Professionals and Advocates, Inc.
NARMH	National Association for Rural Mental Health
NASADAD	National Association of State Alcohol and Drug Abuse Directors
NASBE	National Association of State Boards of Education
NASMHPD	National Association of State Mental Health Program Directors
NASW	National Association of Social Workers
NBAC	National Black Alcoholism and Addictions Council
NBCDI	National Black Child Development Institute
NCADD	National Council on Alcoholism and Drug Dependence
NCADD	National Commission Against Drunk Driving
NCADI	National Clearinghouse for Alcohol and Drug Information
NCAP	National Center for the Advancement of Prevention
NCPADD	National Committee for the Prevention of Alcoholism and Drug Dependency
NCPC	National Crime Prevention Council
NCJA	National Criminal Justice Association
NCJRS	National Criminal Justice Reference Service
NCY	National Collaboration for Youth
NEI	Narcotics Education, Inc.
NFIA	National Families in Action
NFP	National Family Partnership
NGA	National Governors' Association
NHTSA	National Highway Traffic Safety Administration
NIAAA	National Institute on Alcohol Abuse and Alcoholism

NIDA	National Institute on Drug Abuse
NIPC	National Inhalant Prevention Coalition
NMA	National Medical Association
NNSA	National Nurses Society on Addictions
NOFAS	National Organization for Fetal Alcohol Syndrome
NPN	National Prevention Network
NRHA	National Rural Health Association
NSBA	National School Boards Association
N-SSATS	National Survey of Substance Abuse Treatment Services
NWHRC	National Women's Health Resource Center
NYSCA	National Youth Sports Coaches Association
OJJDP	Office of Juvenile Justice and Delinquency Prevention
OJP	Office of Justice Programs
OMH	Office of Minority Health
ONDCP	Office of National Drug Control Policy
OPM	Office of Personnel Management
ORHP	Office of Rural Health Policy
PDFA	Partnership for a Drug-Free America
PIP	Partners in Prevention
PRIDE	Parents' Resource Institute for Drug Education, Inc.
PTA	National Congress of Parents and Teachers
RADAR	Regional Alcohol and Drug Awareness Resource Network
RIC	Rural Information Center
RID	Remove Intoxicated Drivers
RSA	Research Society on Alcoholism
RSVP	Retired and Senior Volunteer Program
RWJF	Robert Wood Johnson Foundation
SADD	Students Against Destructive Decisions
SAFE	Solvent Abuse Foundation for Education
SALIS	Substance Abuse Librarians and Information Specialists
SAMHSA	Substance Abuse and Mental Health Services Administration
SGMA	Sporting Goods Manufacturers Association
TEAM	Training and Education on Alcohol Management
TEDS	Treatment Episode Data Set
USCG	United States Coast Guard
USIA	United States Information Agency
VA	Department of Veterans Affairs

CSAP Resources

Please note that several major CSAP Resources (NCADI, PREVLINE, the RADAR Network, the CSAP CAPTs, and CSAP's NCAP) are described under the "Center for Substance Abuse Prevention" heading, following the SAMHSA entries, in the "Prevention Leadership and Collaboration" section earlier in these pages. What follows is a small sampling of additional resources for State and community prevention leaders. Others are available through *www.preventiondss.org* and *www.health.org*.

CSAP's Guide to Science-Based Practices Volume I, II, III (2001)

In 2001, CSAP issued a set of three publications summarizing state-of-the-art, science-based practices for preventing substance abuse:

- CSAP Guide to Science-Based Prevention #1 "Science-Based Substance Abuse Prevention: A Guide," (2001) (NCADI No. PHD863), SAMHSA/CSAP, DHHS Pub. No. (SMA)01-3505, a 24-page, magazine format guide to CSAP's conceptual framework and methodology for designing and assessing scientifically defensible programs.
- CSAP Guide to Science-Based Prevention #2 "Promising and Proven Substance Abuse Prevention Programs," (2001) (NCADI No. PHD864), SAMHSA/CSAP, DHHS Pub. No. (SMA)01-3506, a 44-page, magazine format version of CSAP's Web-based guide to proven and promising programs, arranged in an easy-to-read grid, organized by risk factor and domain.
- CSAP Guide to Science-Based Prevention #3: "Principles of Substance Abuse Prevention," (2001) (NCADI No. PHD865), SAMHSA/CSAP, DHHS Pub. No. (SMA)01-3507, a 38-page booklet for practitioners, researchers, and policy makers collaboratively working to develop innovative and effective methods of substance abuse prevention for individual communities.

Also the full text of CSAP's "Understanding Substance Abuse Prevention. Toward the 21st Century: A Primer on Effective Programs" and information on the seven model CSAP High-Risk Youth programs can be reached at:
www.health.org/features/hry/Background/index.htm.

Parenting IS Prevention (PIP)
www.parentingisprevention.org

This Web site includes valuable links to many key groups in prevention. The mission of the PIP Web site is to provide accurate information, support, and resources to assist parents and others in raising children to be healthy, drug-free, productive adults. In pursuit of this mission, the PIP site provides tips, informational resources, links to local and national organizations, a focus on what other parents are doing in their communities, and opportunities to ask questions and have them answered by parents whose children have become healthy, drug-free, productive adults. The site is jointly sponsored by ONDCP and CSAP/SAMHSA.

Substance Abuse Prevention Specialist Training (Curriculum)

A curricula designed to provide pre-service and in-service prevention personnel with up-to-date, research-based information in the substance abuse prevention field. Designed for a course in colleges and universities as a series of professional workshops, the curriculum covers such topics as prevention research, prevention program planning, using human development in prevention, the cultural context and ethics of prevention, and evaluation. This new cost-recovery product is expected to be available from NCADI by the end of 2001.

Foundations of Prevention (Curriculum)

This course provides the basics of substance abuse prevention. Users can learn prevention principles, approaches, and strategies and how to plan effective programs and measure results. The course is intended to benefit anyone who designs, develops, or implements prevention programs. Printed copies are expected in NCADI inventory by late fall 2001 as a cost-recovery item.

Foundations of Prevention Online

Foundations of Prevention: An Online Course in the Core Knowledge of Substance Abuse Prevention is expected to be available at *www.preventiondss.org* by fall-winter 2001–02. The Foundations of Prevention course consists of eight instructional units broken up into separate learning modules. The units are:

1. Prevention and the Public Health Model
2. Risk and Protective Factors
3. Prevention Strategies
4. Individual and Social Change
5. Health Communication and Social Marketing
6. Needs and Resource Assessment
7. Planning for Successful Outcomes
8. Resources for Prevention Planning

The course is self-paced and available 24 hours a day. Tests are scored immediately so users know how well they are doing and when they need to review.

Online NCADI cost-recovery curricula: Substance Abuse Prevention Specialist Training: Volume I Participant's Manual and Vol. II Facilitator's Manual. This CSAP–CAPT-developed training curricula is being prepared for publication for NCADI inventory and posting at *www.preventiondss.org* for availability beginning early in 2002.

Appendix

A few selected readings

Gladwell, Malcolm. *The Tipping Point: How Little Things Can Make a Big Difference*. 2000. Boston-New York-London: Little, Brown and Company. ISBN: 0-316-31696-2 (see also *www.gladwell.com*).

Jaker, Jerry. *Early & Often: How Social Marketing of Prevention Can Help Your Community*. undated; circa 2000. Minnesota Institute of Public Health.

Moore, Geoffrey A., and McKenna, Regis. *Crossing the Chasm: Marketing and Selling High-Tech Products to Mainstream Customers*. 1995; rev. 1999. Harperbusiness, ISBN: 0066620023.

Rogers, Everett M. *Diffusion of Innovation*. May 1995, 4th edition Free Press, ISBN: 0029266718.

Siegel, Michael and Doner, Lynne. *Marketing Public Health: Strategies to Promote Social Change*. 1998. Aspen Publishers, Inc.

Weinreich, Nedra Kline. *Hands-On Social Marketing: A Step-by-Step Guide*. 1999. Sage Publications.

Witte, Kim; Meyer, Gary; and Martell, Dennis. *Effective Health Risk Messages: A Step-by-Step Guide*. 2001. Sage Publications.

For a detailed account of the early history of substance abuse prevention science, see Richard I. Evans' "A Historical Perspective on Effective Prevention," Chapter Two of NIDA Research Monograph No. 176, "Cost-Benefit/Cost-Effectiveness Research of Drug Abuse Prevention: Implications for Programming and Policy" (1998). The following chapter, of this document, written by Gilbert J. Botvin, Elizabeth M. Botvin, and Hirsch Ruchlin discusses more recent, primarily school-based prevention efforts. *http://165.112.78.61/pdf/monographs/monograph176/download176.html*